



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2476

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

To expand Operation Healing Forces' (OHF) ability to provide vital services to wounded, ill, injured, and fallen Special Operations Forces service members, veterans, their families, and caregivers. Funds will support OHFs Therapeutic Retreat Programs for SOF Couples and Caregivers and OHFs Immediate Needs Program, which provides urgent financial assistance for hardship and crisis situations not covered by government means, including essential living expenses and medical-related needs.

5. **State Agency to receive requested funds**

**State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	625,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>625,000</b>

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	625,000	38%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,000,000	62%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,625,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**



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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

**10. Status of Construction**

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

**11. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

**12. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Expenses associated with Therapeutic Retreats Programs for SOF Couples and Caregivers and OHF's Immediate Needs Program (INP). Examples include travel for SOF Couples and Caregivers, and crisis support such as mental and brain health treatment, food insecurity, funeral costs, transportation and lodging related to hospital visits and/or stays, as well as medical and adaptive equipment.	625,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>625,000</b>

**13. Program Performance**

a. What specific purpose or goal will be achieved by the funds requested?



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**b. What activities and services will be provided to meet the intended purpose of these funds?**

Expanded opportunities for Floridians to participate in OHF's Therapeutic Retreats that promote the long-term mental, physical, and emotional well-being of OHF's targeted populations to enhance their resilience, empower their rehabilitation, embrace their reintegration, and lead fulfilling and productive lives. Increased financial grants to reduce hardships, such as med costs and food insecurity.

**c. What direct services will be provided to citizens by the appropriation project?**

Provide valuable tools and life skills through the retreats designed to counteract the high suicide, domestic abuse, illness, and divorce rate found within the SOF community; resources to individuals in need of additional mental health support and treatment; and financial assistance in times of hardship to reduce stress and trauma triggers during times of crisis.

**d. Who is the target population served by this project? How many individuals are expected to be served?**

Special Operations Forces (SOF) service members, veterans, their families, and caregivers. This project will serve 200-400 persons.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Improved Physical Health - Recipients of Immediate Needs Program funds have increased physical wellness and gain access to medical devices and therapeutics and better nutrition. Participants are enrolled in virtual wellness coaching sessions that provide individuals and family units with customized wellness guidance in areas such as nutrition, physical activity, and guided movement classes. Improved Mental Health - OHF programs increases protective factors related to family bonding and healing and reduces risk factors related to isolation, anxiety, anger, depression, and stigma. SOF couples and family experience of feeling positive emotions, a sense of control over critical aspects of life to include having renewed purpose and healthy or hopeful relationships. Enhanced Economic Self Sufficiency - OHF supports financial stability, career development, and entrepreneurial resources which support economic self-sufficiency. Track and report pre- and multiple post-survey results.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Prohibit future funding.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied



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LFIR # 2476

- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College



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LFIR # 2476

Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*