



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2660

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funding requested is to support veterans in and around the areas of and surrounding Hurlburt, Duke Field, 6th Ranger Training Battalion, 7th Special Forces Group, Egin AFB all located in Okaloosa county in the areas of:  
Resiliency and Well-Being Support;  
Reintegration Support Services; and  
Family and Spousal Support Programs

5. State Agency to receive requested funds

State Agency contacted?  No

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

Type of Funding	Amount
Operating	150,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>150,000</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)	150,000	67%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	75,000	33%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>225,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	150,000	602	No

9. Is future-year funding likely to be requested?  No

a. If yes, indicate nonrecurring amount per year.

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

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



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**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	Administrative costs, travel, supplies, tools	15,000
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Resiliency and well-being support services: \$50,000 Reintegration and support services: \$50,000 Family and Spousal Support Programs: \$35,000	135,000
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>150,000</b>

**13. Program Performance**

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

Our mission is to be the bridge for veterans and their families, connecting them with the resources they need to transition to civilian life. We focus on three tiers, mental health, transition and sustainment and community immersion.

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

Supporting programs that provide suicide prevention resources, medical support and case management services, mental health support services, access to daily support, career training and reintegration into the workforce, community outreach programs for veterans and their families to help fill the gaps in coverage and support for the veteran community and keep them engaged and healthy.



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

Mental health counseling, medical case management services, career and workforce training, community outreach programs, access to ongoing support services for daily needs and challenges.

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

Veterans and their families.

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

The number of veterans who are served by these programs and as a result are able to improve their physical health, mental health, living conditions and career and job prospects.

**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?**

Reduced funding based on percentage of deliverables unmet.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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
- 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



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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

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.*