



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2993

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The BAF, based in Pensacola, FL is a 501(c)3, nonprofit organization. The Board of Directors is comprised primarily of former Blue Angels whose mission is to support the wounded warrior community in Florida and across the Nation. The BAF mission is to support wounded veterans by providing funding for critical services and access to the best care available as they transition back to the civilian community. With a focus on post traumatic stress treatment, suicide prevention and transitional housing. The BAF seeks to help veterans and their families and provide hope for the bright future they deserve.

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	1,500,000
Fixed Capital Outlay	0
Total State Funds Requested	1,500,000

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)	1,500,000	38%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	2,500,000	62%
Total Project Costs for Fiscal Year 2025-2026	4,000,000	100%

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		
2024-25	0	500,000	602	No

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.**

The BAF is actively soliciting funding from multiple sources including: Individuals, corporations and grants.



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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	The BAF is embarking on a growth phase to meet the increased needs of our veterans and has hired an Executive Director to lead the strategic and daily operations of the Foundation.	100,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Provide support for BAF contracted staff in Florida including but not limited to legal services, accounting services, marketing, sponsorship and PR opportunities to support growth and increased needs for our veteran community in Florida.	200,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Provide direct services to veterans in Florida including PTS treatment and protocols through our preferred partnerships including Home Base and Warrior Care network. The BAF will also spearhead a scoping project for AI technology in Veteran's care coordination. This project will be led by a team of the BAF, the Warrior Care Network, and leaders in AI healthcare.	1,200,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,500,000

13. Program Performance

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



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The funds requested will be used to support veterans and their families by providing access to critical care for PTS treatment and health and wellness services through our partner organizations in the Florida. The level of funding requested will support 30 to 100 wounded warriors. One life saved is important and significant- our aim is to support hundreds each year. The BAF believes this is possible with an increased awareness of the crisis and resources available to the veteran community.

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

Wounded warriors enrolling in the in-patient and out-patient programs provided by our partner organizations will receive evidence based treatment services for themselves and their families at no cost to them.

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

The program integrates evidence based psychological and pharmacological treatments, rehabilitative medicine, wellness, nutrition, mindfulness training and family support with the aim of helping veterans thrive, not just survive. In addition, the programs are committed to serving family members with couples therapy, family counseling and wellness training.

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

The target population served are post 911 wounded warrior community from all branches of service. Since 911, more than 52,000 service members have been wounded in action, there have been more than 1,700 major limb amputations and it is estimated that more than 500,000 suffer from traumatic brain injuries and/or PTS. A \$1,500,000 appropriation to the BAF will allow 30 to 100 warriors to receive treatment in Florida and create opportunity for the BAF to grow. Some will elect in the in-patient program (\$30,000) and other the out-patient program (\$10,000). Costs are approximate.

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

BAF mission is to SAVE LIVES. Wounded warriors have given their all to preserve and protect our freedoms. Thousands have come home with physical injuries and the invisible wounds of war we call PTS. In resolving PTS, these veterans find hope and purpose in their lives. Many tell us "this PTS program saved my life". The benefits and the outcome is that these funds raise awareness , they provide treatment, and they literally save lives.

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?

Deliverable and performance based objectives will be provided on a quarterly basis as wounded warriors complete the PTS protocols and treatment.

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



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- 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
- Other (please specify)



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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.