



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1058

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

I am seeking to expand my foundations work with disabled veterans who suffer from PTSD, physical disabilities and mental disabilities.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 100%;" type="text" value="250,000"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>250,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 100%;" type="text" value="250000"/>	<input style="width: 100%;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Local	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Other	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>250,000</b>	<b>100</b> %

8. **Has this project previously received state funding?**     Yes     No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

If yes, indicate nonrecurring amount per year.



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**10. 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	Unpaid Volunteer Position	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	Office supplies and set up of Rental office and storage in South Florida or Renovate a Donated Property. Attend events to bring awareness to Veterans Needs and causes and Suicide Prevention. Training of Volunteers in safety and life saving techniques. Create a Safe Zone for Veterans to come to and enjoy time with other Veterans.	120,000
Consultants/Contracted Services/Study	Design of media materials and items for the Veterans	15,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Unpaid Volunteer Position	0
Expense/Equipment/Travel/Supplies/Other	Upgrade of Current equipment, and expand equipment to service more Veterans, Provide additional trips and events for Veterans suffering from PTSD and other Mental or Physical Disabilities, Provide Veterans with items to continue their own Therapy at no cost to them.	115,000
Consultants/Contracted Services/Study	N/A	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	N/A	0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>



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## 11. Program Performance

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

These additional funds would allow me to expand existing programs, recruit and train more volunteers, cover the costs for the Veteran's transportation, increase the amount of supplies and equipment that can be purchased, and set up larger scale Veteran's events.

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

The funds received from the state would be used for Therapy Trips and Events for Disabled Veterans, the training of Volunteers, and Expanding admin and equipment capabilities.

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

The direct services include: Disabled Veteran Therapy Program, Safe Zone, Piscatorial Therapy, Fishing Equipment for Veterans

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

My foundation works with Disabled Veterans and their immediate families. Numbers served depends on financial availability. So Far FWAF has worked with over 3302 Veterans and their family members. FWAF works with Veterans of All ERAS as we are non-specific - our Veterans are generally referred through the Miami VA Healthcare system. Recreational Therapy, Mental Health and Suicide Prevention departments.

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

The benefits include showing Veterans that there is a life still worth living and giving them a way to open up and reduce their stressors, thus helping to reduce the death rate of Veterans who commit suicide. The therapy helps Veterans reconnect with family members by opening a window in which the family can function in an activity together. Providing Veterans a SAFE ZONE away from drugs, alcohol and everyday stressors that inhibit the healing process. Additionally there will be many educational opportunities for the veterans.  
The outcomes will be measured by the Veteran and family member's reviews of the program, question and answer sessions either verbally or written, feed Back from Doctors and Therapists, participation requests and upcoming research.

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?

There will be none as we will more than meet the goals of this project. My foundation has a waiting list that keeps growing. With more and more Veterans entering the State of Florida, this project will not only help save money in medical cost but save Lives. One Life is worth more money than the entire budget for this program.



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12. **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.**

If we can not get a facility donated a Location that provides a safe environment will be rented on a Yearly Basis.

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.