



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Veterans Alternative Retreat Program and Facility Improvement

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 01/05/2018

4. **Project/Program Description:**

Veterans Alternative Inc., is a non-profit organization that provides alternative treatments for veterans who are suffering from Posttraumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). The funding is for renovation of facilities on their property and for their retreat program which helps veterans overcome PTSD and TBI.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
250,000	750,000	1,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	300,000	23.1%
TOTAL	300,000	23.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,300,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		250,000	250,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

250,000

11. Program Performance:

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

Improve quality of life for Military/Veterans after service and/or after war.

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

Veterans Alternative runs week long programs to improve the quality of life for our Military and veteran populations after combat and/or military service. The retreat based program is evaluated by the leading researcher of Accelerated Resolution Therapy (A.R.T.), our main modality, and proves the great success of our current model of delivery (46% reduction in PTSD, 61% reduction in Depression, 56% reduction in Anxiety, and 44% reduction in Perceived Stress.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Programming for 100+ Florida Veterans.	235,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Retreatment Program Evaluation.	15,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Facility Improvement Project.	750,000
TOTAL		1,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

A.R.T. utilizes imagery, along with bilateral eye movements to create a shift in the Warrior's perspective. It is an evidence-based practice that works quickly, typically in one to five sessions, helping to provide relief for our Veterans and their significant others from the difficulties faced after war and/or during transition.

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

Florida Veterans. Serves over 100 individuals.

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

Reduction in PTSD, Depression, Anxiety and Perceived Stress.

g. 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?

Corrected penalties based on contracting agencies current practice.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Veterans Alternative, Inc., the owner of the facility.

13. Requestor Contact Information:

- a. **Name:** Brian Anderson
- b. **Organization:** Veterans Alternative, Inc.
- c. **Email:** brian@veteransalternative.org
- d. **Phone Number:** (727)939-8387



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14. Recipient Contact Information:

a. **Organization:** Veterans Alternative, Inc.

b. **County:** Pasco

c. **Organization Type:**

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

d. **Contact Name:** Brian Anderson

e. **E-mail Address:** brian@veteransalternative.org

f. **Phone Number:** (727)939-8387

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. **Name:** None

b. **Firm:** None

c. **Email:**

d. **Phone Number:**