



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1272

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

**4. Project/Program Description**

SOF Missions exists to provide four-pillar whole health care programs to at risk veterans who are struggling from the visible and invisible scars of combat and military service. Our goal is to build resiliency in veterans that has a positive and lasting effect on their life, family, and community. We aim for each veteran to show an improvement in their overall psychological, physical, spiritual, and social health. Our objectives for 2021 are to host 4 retreats and 2 clinics, provide Connect Care for over 4,000 veterans and their families and to serve 10 Resiliency Project veterans.

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

**State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 300,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>300,000</b> |

**7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

| Type of Funding                                      | Amount         | Percentage  |
|------------------------------------------------------|----------------|-------------|
| Total State Funds Requested (from question #6)       | 300,000        | 50%         |
| <b>Matching Funds</b>                                |                |             |
| Federal                                              | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local                                                | 170,000        | 28%         |
| Other                                                | 130,000        | 22%         |
| <b>Total Project Costs for Fiscal Year 2021-2022</b> | <b>600,000</b> | <b>100%</b> |

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

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. **Is future 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.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

#### 11. 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: Other</b>                                        |                                                                                                                                                                                                                                                                                                     |                |
| Salary and Benefits                                                    | Medical Director - 14,000<br>Operations Manager - 17,000<br>Veteran Service Coordinator - 21,000                                                                                                                                                                                                    | 52,000         |
| Expense/Equipment/Travel/Supplies/Other                                | (2) Clinic Supplies, Travel, Resources: 21,000<br>(4) Retreat Supplies, Travel, Resources: 38,000<br>Connect Care Supplies and Resources: 30,000<br>Coordinated Care Expenses, Supplies and Travel: 30,000                                                                                          | 119,000        |
| Consultants/Contracted Services/Study                                  | (2) Clinic Contracted Services: \$15,000<br>(4) Retreat Contracted Services: \$14,000<br>Coordinated Care Contracted Services (includes counseling, peer based therapy, PTSD trauma therapy, physical rehab, accelerative performance therapy, regenerative medicine, and life coaching): \$100,000 | 129,000        |
| <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>300,000</b> |

#### 12. Program Performance

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

Our goal is to build resiliency in veterans that has a positive and lasting effect on their life, family, and community. We aim for each veteran to show an improvement in their overall psychological, physical, spiritual, and social health. Our objectives for 2021 are to host 4 retreats and 2 clinics, provide Connect Care for over 4,000 veterans and their families and to serve 10 Resiliency Project veterans.

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

SOF Missions offers a unique approach to combat veteran suicide and provide care through a whole health interdisciplinary method—The Resiliency Project is a four-pillar program that addresses the areas of psychological, physical, spiritual, and social wellness. Care plans are provided through four main delivery methods: Clinics, Retreats, Coordinated Care, and Connect Care. Veterans who apply and are accepted receive up to 365 days of care. Whole health care plans are customized to meet the individual needs of each veteran.

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



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The Resiliency Project provides direct services in the areas of psychological, physical, spiritual, and social wellness. Each veteran's path to wellness is unique, therefore care plans for each veteran will vary based on need. Treatments and services available for psychological care range from peer-based programs, licensed mental health therapy, creative therapy and couples' retreats. Spiritual care includes educational resources, mentorship, and support groups. Physical care can include physical therapy, alternative PTSD/TBI treatment modalities, cognitive rehabilitation therapy, and sleep therapy. Lastly, social care includes community group involvement, recreational therapy, service animals, and service projects.

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

Approximately 4,000 veterans, active duty service members and their families will be served.

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

Improvement of physical, mental, spiritual and social health. Participants will increase their energy levels, find improved movement quality, increase strength and decrease pain and/or headaches. Mentally, participants will decrease levels of anxiety, decrease symptoms of avoidance behavior and reduce their levels of irritability, anger and aggression. Socially, participants will increase participation in leisure activities and find a greater ability to maintain relationships. Lastly, participants will improve their spiritual health through increased personal prayer, reflection and/or meditation. All of the above will be measured through qualitative and quantitative data collection using observations, surveys, and interviews.

**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 the contract?**

The organization will submit a review to the state detailing its plan to meet deliverables in a reasonable amount of time and/or accept an abatement in its allocation if services provided are under-utilized or not being used by the target population.

**13. 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.**

None



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number