Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: SOF Missions The Resiliency Project
- 2. Date of Submission: <u>11/04/2019</u>
- 3. House Member Sponsor: James Grant Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? <u>No</u> *If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E*
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	А	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					2,120,575	2,120,575

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Veterans' Affairs

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

The organization will submit a review to the state detailing it's 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.

6. Requester:

- a. Name: Dayna Friedman
- b. Organization: SOF Missions
- c. Email: dayna@sofmissions.com
- d. Phone #: (813)563-2651

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Dayna Friedman
- b. Organization: SOF Missions
- c. Email: dayna@sofmissions.com
- d. Phone #: <u>(813)563-2651</u>
- 8. Is there a registered lobbyist working to secure funding for this project?
 - a. Name: <u>None</u>
 - b. Firm: <u>None</u>
 - c. Email:
 - d. Phone #:
- 9. Organization or Name of entity receiving funds:
 - a. Name: SOF Missions
 - b. County (County where funds are to be expended): Hillsborough
 - c. Service Area (Counties being served by the service(s) provided with funding): Statewide

10. What type of organization is the entity that will receive the funds? (Select one)

- O For Profit
- ⊙ Non Profit 501(c) (3)
- O Non Profit 501(c) (4)
- O Local Government
- O University or College

O Other (Please describe)

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

To provide holistic, 4-component customized treatment plans for veterans suffering with visible and invisible scars from combat and military service. The goal of the Resiliency Project is to empower veterans to find purpose, be resilient, and live well.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring	
		(Should equal 4d, Col. E) Enter "0" if request is zero for the category	
Administrative Costs:			
☑a. Executive Director/Project Head Salary and Benefits	Program Director \$90,000 Program Director Payroll Taxes \$7,600 Program Director Benefits \$12,000	109,600	
⊠b. Other Salary and Benefits	Director of Administration \$60,000 Administrator Payroll Costs \$5,000 Administrator Benefits \$10,000 Donor Development Manager \$50,000 Donor Development Manager Payroll Taxes \$4,200 Donor Development Manager Benefits \$5,000	134,200	
☑c. Expense/Equipment/Travel/Supplies/Other	General Administrative Expenses \$10,000 Office Expenses \$10,000 Rent \$14,400	34,400	
□d. Consultants/Contracted Services/Study			
Operational Costs:			
☑e. Salaries and Benefits	Resiliency Project Administrator \$50,000 Resiliency Project Administrator Payroll Taxes \$4,200	159,375	

Øf. Expenses/Equipment/Travel/Supplies/Other	Resiliency Project Administrator Benefits \$5,000 Resiliency Project Advocate \$30,000 Resiliency Project Advocate Payroll Taxes \$2,500 Resiliency Project Advocate Benefits \$3,000 Creative Manager \$55,000 Creative Manager Payroll Taxes \$4,675 Creative Manager Benefits \$5,000 Psychological Care \$500,000 Physical Care \$750,000 Spiritual Care \$150,000 Social Care \$100,000 Educational Materials \$25,000 Surrender Only to ONE film \$25,000 Resiliency Project Galas \$45,000 Short Term Mission Work \$20,000 Information Technology \$20,000 Charitable Contributions \$25,000 Travel \$5,000 Missionary Support \$3,000 Messaging and Awareness \$10,000	1,653,000
☑g. Consultants/Contracted Services/Study	Graphic Designer \$30,000	30,000
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,120,575

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

OFor Profit ONon Profit 501(c) (3) ONon Profit 501(c) (4) OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

14. Is the project request an information technology project? No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

<u>No</u>

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? No
- 17. Will the requested funds be used directly for services to citizens? $\underline{\text{Yes}}$
 - 17a. What are the activities and services that will be provided to meet the purpose of the funds?

Over 2.7 million men and women have been deployed to Iraq and Afghanistan in the fight on terrorism. Unfortunately for many veterans, the rigors of combat and the scars of war take a toll on their psychological, social, spiritual, and physical health. In direct correlation to this, the suicide rate among veterans has reached drastic proportions. The Department of Veterans Affairs Suicide Data Report from 2012 reflects that over 20 veterans take their lives every day. Also, the rate of younger ve

17b. Describe the direct services to be provided to the citizens by the funding requested.

Treatment plans are customized to fit the specific needs veterans. Participants attend peer-based programs designed to empower them to overcome past traumas and experiences. Veterans facing physical challenges are provided medical care through our nationally recognized healthcare providers. Veterans are assigned a mentor to encourage them and provide applicable educational material. All veterans are introduced to local and national groups to develop camaraderie and better their community.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups."). Select all that apply to the target population:

Elderly persons

☑ Persons with poor mental health

☑Persons with poor physical health

□Jobless persons

Economically disadvantaged persons

□At-risk youth

□Homeless

Developmentally disabled

☑ Physically disabled

□Drug users (in health services)

□Preschool students

□Grade school students

□High school students

□University/college students

Currently or formerly incarcerated persons

□Drug offenders (in criminal Justice)

□Victims of crime

General (The majority of the funds will benefit no specific group)

☑Other (Please describe): Veterans, active duty service members and their families

17d. How many in the target population are expected to be served?

O< 25 O25-50 O51-100 ⊙101-200 O201-400 O401-800 O>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
Improve physical health	- Balance chemical levels in body - Increase energy levels, mental clarity and mood - Improve movement quality - Increase strength and work capacity - Improved sleep - Decreased pain and or headaches	Lab marker changes at initial and follow up appts. (ex: hormone, cholesterol, and vitamin levels) - Functional Movement Screening - Selective Functional Movement Assessment - Wearable sleep monitoring devices - Visual Analogue

		Scale (VAS) to assess pain
Improve mental health	- Increased level of personal well- being - Decreased levels of anxiety - Decreased instances of intrusive memories - Decreased symptoms of avoidance behavior - Decreased irritability, anger, and aggression	- Improved score on Patient Health Questionnaire (PHQ-9) Depression measure - Improved score on PCL-5 PTSD checklist
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
□Create specific immediate job opportunities		
□Enhance specific individual's economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
Divert from Criminal/Juvenile justice system		
□Improve wastewater management		

□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
ØOther (Please describe): Improve Social Health	Increased participation in leisure activities - Greater ability to maintain positive friendships - Ability to complete activities in various social settings - Increase in personal prayer/reflection/meditation	- Improved score on Quality of Life Scale (QOL) - Improved score on a Self-directed Spiritual Growth Assessment

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	2,120,575	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	2,120,575	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

<u>No</u>