

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Veterans Alternative - Retreat Program and Facility Improvement
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Daniel Burgess  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		250,000	250,000		1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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 Children and Families
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
  - 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.  
Contracted corrective processes to improve delivery

6. Requester:

- a. Name: Brian Anderson
- b. Organization: Veterans Alternative, Inc.
- c. Email: Brian@veteransalternative.org
- d. Phone #: (910)364-5960

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

- a. Name: Patricia Fried
- b. Organization: Veterans Alternative, Inc.
- c. Email: PatJFried@VeteransAlternative.org
- d. Phone #: (727)415-8550

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Veterans Alternative, Inc.
- b. County (County where funds are to be expended): Pasco
- 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)

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

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

Veterans Alternative Inc., is a non-profit organization that provides alternative treatments for veterans who are suffering from PTSD and TBI. The funding is for the renovating of facilities on their property and for their retreat program which helps veterans overcome PTSD and TBI.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Costs related to conducting multiple 5-day retreats for 84 Combat Veterans from the state of Florida.	250,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Updating facilities on the Veterans Alternative property. Address is 1750 Arcadia Road, Holiday FL, 34690.	750,000
<b>TOTAL</b>		<b>1,000,000</b>

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)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

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

Other (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?

Yes

15a. Please Describe:

Chris T. Sullivan Foundation, Green Beret Foundation, H.O.O.A.H. Foundation, and Congressman Gus Bilirakis.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Combat Veterans are widely recognized as a population in need. There is extensive research on the modalities that the Veterans Alternative utilizes and the help that it provides to our Florida Veterans. Along with this, our own 3rd party program evaluation is conducted by the University of South Florida.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The 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, 44% reduction in Perceived Stress). 3

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

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.

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

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

- < 25
- 25-50
- 51-100
- 101-200

- 201-400
- 401-800
- >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
<input checked="" type="checkbox"/> Improve physical health	Veterans Alternative utilizes evidence based inventories as listed: PCL-5 Brief Symptom Inventory Connor-Davidson Resiliency Perceived Stress Scale Sleep Dysfunction PDS-Q	From baseline before services are rendered and then at follow-up at end of retreat, 1 month post retreat, 3 month post retreat, and 6 month post retreat.
<input checked="" type="checkbox"/> Improve mental health	Veterans Alternative utilizes evidence based inventories as listed: PCL-5 Brief Symptom Inventory Connor-Davidson Resiliency Perceived Stress Scale Sleep Dysfunction PDS-Q	From baseline before services are rendered and then at follow-up at end of retreat, 1 month post retreat, 3 month post retreat, and 6 month post retreat.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		

<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 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:	1,000,000	76.9%	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:	300,000	23.1%	Yes
TOTAL	1,300,000	100%	

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

No