



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1438

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose of this project is to develop a new local Public Health Initiative designed to implement critical mental health infrastructure and resources to serve under served and at risk populations. Overflow Health Alliance Inc. seeks to provide needed health and focused mental health services to improve all social determinants of health and mental health issues that currently impact underserved and minorities within the community.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>150,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	150,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>150,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific 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?

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



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### Complete questions 11 and 12 for Fixed Capital Outlay Projects

**11. Status of Construction**

a. What is the current phase of the project?

- Planning    
  Design    
  Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

**12. List 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.**

**13. 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	Medical Director salary equals Doctor/Director will oversee community wellness plan. Completing all health assessments and community referrals are submitted effectively and efficiently. Doctor/Director will provide all licensed primary, men and women health care services to eligible patients.	23,000
Other Salary and Benefits	1. Program Administrator 2. Program Coordinator Duties: implement admissions process, review eligibility for potential patients. Provide and complete mental and health assessments. To provide appropriate referrals to community health services develop, coordinate and implement.	30,000
Expense/Equipment/Travel/Supplies/Other	Office Supplies, misc operating equipment and travel cost to successfully develop and implement this community health initiative.	10,000
Consultants/Contracted Services/Study	1. Mental health counselor/grant writer 2. Field supervisor Duties: provides comprehensive health and mental health assessments and case management needs assessments for eligible community and mental health referrals for continued mental health services.	32,000
<b>Operational Costs: Other</b>		
Salary and Benefits	1. Contracted and Licensed Transportation Drivers 2. Office Admin Staff Members	15,000
Expense/Equipment/Travel/Supplies/Other	1. Health Care Supplies (i.e. dressings-guaze and pads/rolls, elastic bandages, wound dressings, medical tape. 2. Community ad disabled access van insurance and licensing service maintenance and repairs.	25,000



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Consultants/Contracted Services/Study	1. Community resources (i.e. dressings-guaze, pads/rolls, elastic bandages, wound dressings, medical tape, needles and blades. 2. Mental Health Assessments forms 3. Community wellness workbook and Station.	15,000
<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>150,000</b>

#### 14. Program Performance

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

The goal for this project is to develop a new local public community mental health initiative designed to implement critical public health and mental health services to at risk and underserved community. Overflow Health Alliance seeks to provide needed health services to improve all social determinants of health and bring awareness of all health inequities that currently impact underserved and minority populations within the community..

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

Overflow Health Alliance seeks to effectively provide cost effective and affordable health care, transportation and case management services to the underserved community members, while developing evidence based intervention services to improve community well being care and access to care.

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

Overflow Health Alliance will provide primary, women health and community mental health services to members of the community who are at risk or in underserved communities.

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

Patients of ages 5 and UP experiencing Mental Health Trauma, Physical Trauma, Emotional Trauma, Targeting the African American-Latino/Hispanic—LBGTQ community and serving 1,000 patients within a 12 month period.

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

Improve mental health;  
Improve physical health;  
Improve social stability; and  
Community wellness.

**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?**

In establishing this contract, if deliverables are not met, the agency will provide a detailed report in a timely manner to the appropriate supervisor or agency within ten business days. Establish and provide a detailed report in a timely manner, (3 days) to the supervising agency to make sure that deliverables are met each month also to provide a 10 day resolution intervention plan to ensure deliverables are met each month.

#### 15. Requester Contact Information

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**



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#### 16. 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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number