



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2444

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This funding will provide funds to support the Mental Health Counseling program at the LGBT+ Center Orlando and LGBT+ Center Kissimmee for one year. The program compensates three Licensed Mental Health Counselors who work as part-time contractors providing more than 700 hours of free counseling annually.

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

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="40,000"/>
Fixed Capital Outlay	<input type="text" value="000"/>
Total State Funds Requested	<input type="text" value="40,000"/>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input type="text" value="40000"/>	<input type="text" value="100.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input type="text" value="40,000"/>	<input type="text" value="100"/> %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study	Licensed Mental Health Counselors (Independent Contractors) 18 hours per week (\$42.70/hr x 18 hrs x 52 weeks)	40,000
Operational Costs: Other		
Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input style="width: 90%;" type="text"/>
Total State Funds Requested (must equal total from question #6)		40,000



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11. Program Performance

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

To provide free mental health counseling to central Floridians.

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

LMHC will provide 18 hours of free, confidential mental health counseling on a weekly basis. Clients can call ahead for an appointment or come in for a walk-in session with a counselor on Tuesdays or Fridays at Orlando and Fridays at Kissimmee. Appointments for individuals last 1 hour and for couples 1.5 hours.

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

Direct services include dedicated and confidential psychotherapy to work through issues such as depression, anxiety, intimate partner and family-related issues, etc. If necessary, after 3 free sessions clients will be referred to a private practice for ongoing care.

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

The National Alliance on Mental Illness has several links to studies and services that support the need for Mental Health programs dedicated to LGBTQ+ individuals and communities. <https://www.nami.org/find-support/lgbtq>. While the LGBTQ+ Center serves predominantly LGBTQ citizens, all members of the community utilize mental health counseling. The Center sees several Pulse Nightclub shooting survivors. The Center offers both youth and senior programming.

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

Benefits:

- Increase client ability to recognize and respond to triggers of anxiety and depression;
- Increase client awareness of factors contributing to interpersonal conflict and responding with effective problem solving;
- Reduce barriers to mental wellness by connecting at risk and economically disadvantaged individuals to case managers and social/support/recovery groups.

Measurement: Pre/post-counseling questionnaire (self evaluations), counselor observations, amount of clients served.

- 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 in the contract?

The Center will provide copies of financial audits, invoices from LMHC and contracts. If the contract is unfulfilled, the State of Florida may recoup funding or deny future requests.



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12. 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.

N/A

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. 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

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.