



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2492

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

With support, youth and adults suffering from mental health disorders and/or substance abuse issues can improve the quality of their lives. We can minimize service gaps for those who suffer from a variety of mental health issues. Research shows violence in communities is resulting in traumatic experiences for children every day. Children learn to deal with community and school violence to protect themselves emotionally. The City of West Park intends to provide services that will promote mental well-being for its low-to-moderate income at-risk community. By collaborating with medical institutions such as Memorial Health Systems, we can work together to address case management, behavioral health services, in-home counseling, parent support groups, youth development groups, etc. Referrals will also be included.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	400,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	800,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	150,000	378	Yes

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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Yes

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

The City was awarded \$7,557,380 in American Rescue Plan Act funds. These funds were used to obtain Personal Protective Equipment (PPE), provide Rental, Mortgage, and Utilities Assistance, Small Businesses, Vaccinations, Capital Improvement, etc.

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
 N/A

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	By collaborating with medical institutions, such as Memorial Health Systems, we can work together to address case management, behavioral health services, in-home counseling, parent support groups, youth development groups, referrals, etc. In addition, the program will offer parenting skills and family management, mobile case management, and solution focused brief therapy.	400,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		400,000

14. Program Performance

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



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The City of West Park intends to provide services that will promote mental well-being for its low-to-moderate income at-risk community.

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

The City of West Park intends to provide services that will promote mental well-being for its low-to-moderate income, at-risk community. By collaborating with medical institutions, such as Memorial Health Systems, we can work together to address case management, behavioral health services, in-home counseling, parent support groups, youth development groups, etc. Referrals will also be included.

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

By collaborating with medical institutions, such as Memorial Health Systems, we can work together to address case management, behavioral health services, in-home counseling, parent support groups, youth development groups, etc. In addition, the program will offer parenting skills and family management, mobile case management, and solution focused brief therapy. Referrals will also be provided.

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

We anticipate serving 150 youth and adults.

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

The community will have access to information about the program. Moreover, intake forms will provide initial needs assessment to provide services, and linkages to resources and supportive services. Through reports and surveys, the participants will have healthier coping skills for stress, emotions, and participate in community engagement. Families and individuals will have a positive reaction to receiving linkages and case management services. Our services will assist members of the community who are in need of resources that allow mental and total well-being.

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 contract will have standard compliance language for timely deliverables and performance measures.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

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



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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