



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1391

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Howard Phillips Center for Children & Families seeks funding to replace an aging mobile service unit that serves our Teen Xpress program. With additional funding, we will be able to hire a driver for three years.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,000,000	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? No

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?

Yes

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



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nd. This funding was used for two purposes: (1) to cover COVID-19-related preparation and spending, and (2) to cover losses directly related to the COVID-19 pandemic. Any funding received that was not accounted to either of those purposes must be returned to the Federal Government.

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)?

No

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	Employ a driver for three years	200,000
Expense/Equipment/Travel/Supplies/Other	Replace our aging mobile service unit	800,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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

Our new mobile Teen Xpress unit will allow us to continue visiting middle and high schools, providing free medical and mental health services to underserved, uninsured, and at-risk students.

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



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For underserved, uninsured, and at-risk students, we will provide - with parental consent - physical exams (such as annual check-ups), immunizations, vision screenings, assistance finding dental care, mental health counseling, nutrition counseling, treatment for common illnesses, and in-depth diagnosis.

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

For underserved, uninsured, and at-risk students, we will provide - with parental consent - physical exams (such as annual check-ups), immunizations, vision screenings, assistance finding dental care, mental health counseling, nutrition counseling, treatment for common illnesses, and in-depth diagnosis.

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

Underserved, uninsured, and at-risk middle and high school students.

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

Maintain or improve the current number of underserved, uninsured, and at-risk middle and high school students served as compared to those served in prior years.

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?

Returning any unspent funds to the state.

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
- University or College
- Other (please specify)

- d. First Name Last Name
- e. E-mail Address
- f. Phone Number



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17. Lobbyist Contact Information

a. Name	<input type="text" value="Eric D. Prutsman"/>
b. Firm Name	<input type="text" value="Prutsman & Associates PA"/>
c. E-mail Address	<input type="text" value="eric@prutsmanlaw.com"/>
d. Phone Number	<input type="text" value="(850)894-6601"/>