



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1514

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The Mental Health Clubhouse supported employment program is an evidence-based service that helps people living with severe and persistent mental illness (SPMI) find jobs in the competitive marketplace, leading to independence and a better quality of life. Adults living with severe and persistent mental illness lack the skills needed to succeed in today's workforce. The goal of the program is to leverage private support for the one-time start up expenses needed to launch a second supported employment program in Southwest Miam-Dade County under the Key Clubhouse of South Florida. In the last 3 years, Key Clubhouse has trained and placed 213 adults with severe mental illness in paid employment. State funds will help expand the program to Southwest Dade to meet the needs of this population in an area of the county that is not being served.

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	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

**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)	250,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	20%
Other	150,000	30%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>500,000</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.**
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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.

The Key Clubhouse received \$58,600 in PPP funding in 2020-2021 which was used to retain staff and provide a secure environment for people living with severe mental illness.

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Vocational Rehabilitation Specialist, salary and benefits: \$50,000.	50,000
Expense/Equipment/Travel/Supplies/Other	Program expenses including facility lease, furniture, kitchen equipment and supplies, computer hardware and software, clubhouse training, vehicle purchase and insurance.	200,000
Consultants/Contracted Services/Study		0
<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>250,000</b>

14. Program Performance

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



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Members of the Key Clubhouse of South Florida's new Southwest Miami-Dade campus will be provided with hands-on skills training in areas such as technology, graphic arts, videography, culinary, janitorial, customer service, and more to match to employer needs. Local businesses will be educated and recruited to provide employment to Key Clubhouse-trained members.

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

Vocational skills training will be provided to citizens identified as chronically unemployed, economically disadvantaged and diagnosed with serious mental illnesses, including proficiency in data entry, filing, food preparation, food service, janitorial, and customer service. Members are also assisted with accessing housing, medical care, and social services.

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

Same as above.

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

Adults living in Southwest Miami-Dade living with serious mental illness. The Key Clubhouse has a powerful impact on the quality of life of its members.

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

A 2023 Survey of members shows that 88% reported no or fewer crisis hospitalizations since they became Key Clubhouse members. A total of 83% of members reported no interactions with law enforcement since becoming a member of the Clubhouse.

**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?**

Unspent funds for deliverables not met will be returned 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



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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**