



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1133

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funds will be used to identify indigent children in private schools grades k-8 with severe psychological problems and match them to a licensed therapist or psychiatrist who is culturally appropriate and sensitive to the specific cultural milieu of the child and family.

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	255,000
Fixed Capital Outlay	0
Total State Funds Requested	255,000

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)	255,000	63%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	37%
Total Project Costs for Fiscal Year 2023-2024	405,000	100%

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary for Project Head who screens children in need of services, vets therapists and ensures that schools and families utilize the process and outcomes to better help the child.	12,000
Other Salary and Benefits	Half used for the controller to ensure services are metered and paid for. Half for the administrative assistant to arrange appointments, assist in transfer of information and follow up.	10,000
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	paid to psychotherapists and psychiatrists	233,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		255,000

14. Program Performance

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

Funds will be used to identify indigent children in private schools grades k-8 with severe psychological problems and match them to a licensed therapist or psychiatrist who is culturally appropriate and sensitive to the specific cultural milieu of the child and family.

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



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Children with mental health issues will be attached to culturally appropriate therapists.

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

The staff will arrange scheduling and payment and insure follow up to the schools and parents.

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

Indigent and at risk k-8 students attending private school with poor mental health.
100 students

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

Psychometric measures appropriate for diagnosis. Improved grades and behavior.
Testing by therapist according to diagnosis and grades in school. Parent and teacher feedback

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?

Return of all funds appropriated.

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

17. Lobbyist Contact Information



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a. Name	<input type="text" value="Brady J. Benford"/>
b. Firm Name	<input type="text" value="Ballard Partners"/>
c. E-mail Address	<input type="text" value="brady@ballardpartners.com"/>
d. Phone Number	<input type="text" value="(850)577-0444"/>