



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1249

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

4. **Project/Program Description**

The funding would be to continue our work and expand our reach in the areas of suicide awareness, suicide prevention and mental health awareness. We hope through this advocacy work we can also work to minimize the stigmas people with mental health illnesses face. Additionally, we would like to set up a resource center that would assist those with a mental health need in getting to a mental health provider within in a reasonable amount of time regardless of financial means.

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 style="width: 80%;" type="text" value="210,184"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	210,184

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 style="width: 80%;" type="text" value="210184"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	210,184	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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

If yes, indicate nonrecurring amount per year.



The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1249

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director: \$23,296 Project Director: \$23,296	46,592
Other Salary and Benefits	Support staff 40 hours per week	46,592
Expense/Equipment/Travel/Supplies/Other	Office Expenses: \$9,000 Travel: \$3,000 Marketing Materials: \$2,500	14,500
Consultants/Contracted Services/Study	Guest Speakers	2,500
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Relief fund for uninsured participants in crisis.	100,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		210,184



The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1249

11. Program Performance

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

To expand our reach for our targeted population that supports our mission of suicide awareness, suicide prevention and breaking of mental health stigmas. Additionally, to create a resource network where those with mental health needs can get to a provider in a timely manner regardless of financial means.

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

We will continue to host seminars and events to raise awareness and provide the tools need to not only identify a mental health crisis but also assist anyone needing assistance can obtain it. This is in addition to the resource network we are looking to set up to get those in need to a mental health provider regardless of financial means.

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

We will providing information and resources in different methods to the community at large.

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

The target audience is the population at large. However, we would like to focus on minority groups since mental health stigmas are great in those populations but we are plan to serve the public at large. We expect to reach about 4800 people via seminars and the resource network would substantially increase these numbers.

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

Our ultimate goal is to save lives. Our methodology is to reach the population at large to educate and have the much needed conversations that need to take place on this subject. With regards to the resource network we plan to build it by reaching our medical providers and building relationships that will give our clients preferential treatment and discounted fees.

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?

Reduced financial backing and re-analyzation of the goals should be included.



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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.