



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2082

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

4. **Project/Program Description**

The funds would be used to erect a building that would house a therapy and counseling center for Veterans with PTSD and suicidal ideation, as well as be a counseling center for Veteran families. As well, the space in this building would be used to provide training to other organizations regarding effective, evidence-based practices for providing mental health services to the veteran population.

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="000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="2,000,000"/>
<b>Total State Funds Requested</b>	<b>2,000,000</b>

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="2000000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
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"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>2,000,000</b>	<b>100</b> %

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: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?**     Yes     No
- If yes, indicate nonrecurring amount per year.



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10. 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	CEO who would be overseeing the project serves full-tim pro-bono	0
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction of a building of approximately 14,000 square feet.	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>



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## 11. Program Performance

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

The funds would be used to erect a building that would house a therapy and counseling center for Veterans with PTSD and suicidal ideation, as well as be a counseling center for Veteran families. As well, the space in this building would be used to provide training to other organizations regarding effective, evidence-based practices for providing mental health services to the veteran population.

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

Therapy and group counseling to Veterans with PTSD, training to equip others to provide therapy and group counseling to Veterans with PTSD.

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

The funding would pay for building which would host services for veterans.

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

Persons with poor mental health. Persons with poor physical health. Physically disabled. Veterans. Greater than 800.

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

Improve physical health - For veterans who become more active despite physical limitations (McCormick Research Institute hosts many physical activities). Assessments administered by University of Central Florida (UCF) College of Medicine doctors (partners with McCormick) that are completed before the program and upon completion. All services that are part of research programs are designed and operated with evidence-based measures with the intent to publish findings. Improve mental health - As it relates to PTSD and assist veterans in socializing with others in getting out of their homes. Assessments administered by UCF College of Medicine doctors (partners with McCormick) that are completed before the program and upon completion. Protect the general public from harm by reducing violence committed by Veterans with PTSD both to their families, co-workers and the general public. Enhance individual's economic self sufficiency. Reduce substance abuse.

- 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?

Withholding funds.



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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.**

Osceola County owns the property and facilities McCormick Research Institute leases.

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.