



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2395

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Mental health is a state of well-being in which a person can cope with the normal stresses of life. The absence of good mental health is the opposite of this. Our program is to prevent poor mental health because it leads to social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health and human rights violations. Our purpose is to use our professionals to create a life of purpose for our young ladies in Central Florida and beyond. After the hard work is done with our professionals, the result is to have empowered young ladies to provide stable environments for themselves, support themselves, be productive in the workforce, exercise respect for all, and most importantly, love for the self. Feeling genuinely empowered and developing long term coping mechanisms reduces stress and increases a zest for life. This is our primary goal.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	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 2022-2023	500,000	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? Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Funds from local governments and private donors may be used in lieu of state funds.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

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

\$1,900. Funds were used to purchase food products and to rent transportation for food drives across Central Florida.

11. 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 - \$35,000 Treasurer - \$20,000 Fringe Benefits (includes FICA) \$6,021	61,021
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Educational Management, Mental Health Staff, Office Staff, Coaches/Mentors, FICA, Workers Comp, Health Insurance	300,000
Expense/Equipment/Travel/Supplies/Other	Office Supplies, Office Equipment, Promotional Materials, Utilities, IT Expenses, Licenses, Vehicle/Insurance.	138,979
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)		500,000

12. Program Performance

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

The goal is to combat the serious issues facing teens and young adults today by providing mental health services in a comfortable, warm, inviting and safe environment. We must recognize that mental health is an illness and people may need help learning coping mechanisms.

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

Screening applicants to be placed with the right professional, Individual Counseling, Group Counseling, Diet/Exercise/Yoga Program for De-stressing.

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

Mental Health Counseling - Group/Individual (Individuals will be offered 10 free counseling sessions, then an evaluation will be conducted for more sessions , if needed.

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

Target population: latchkey teens, at-risk teens and young adults (drugs/alcohol), teens from broken homes, homeless teens, and teens that need help with coping with trauma in life. There will not be a limit to the number of young adults we will serve. We will serve as many young people as we can with the funding we have.

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



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The Lady Storm Foundation, Inc. has been instrumental in sponsoring food drives across Central Florida prior to and during the pandemic. Not only was I a witness to the hunger fight in our communities, but I was also privy to the plight of our young people with mental health challenges. As a mental health survivor myself documented in detail in my book "A Never Forgotten Journey, An Immigrant Story" now on Amazon, I can spot a mentally challenged person a mile away. I suffered because I lacked, and I was bullied, abused, manipulated, and traumatized. All the signs I see amongst most of our young girls today. My program (Annual Summit) will define mental health, acknowledge it, address it and bring it to life so that it can be dealt with properly. Young people must understand the differences between a temporary feeling of hopelessness versus a chronic feeling of such. The stigma must be removed. This program will engage schools and community leaders who strongly support mental health

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?

Funds will be withheld until corrections are made.

13. 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



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number