



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2862

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

With support and treatment, youth and adults suffering from mental health disorders and/or substance abuse issues can improve the quality of their lives. This program will minimize service gaps for our youth and adult population who may suffer from a variety of mental health issues.

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	150,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>150,000</b>

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)	150,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	150,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>300,000</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.

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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The City of West Park was awarded \$237,458.00 in CARES Act funding. These funds were used to obtain Personal Protective Equipment (PPE), provide Rental, Mortgage and Utilities Assistance, Small Business Assistance, Code Enf., etc. In addition, the City was awarded \$7,557,380.00 in ARPA funds. These fund are for These funds were used to obtain Personal Protective Equipment (PPE), provide Rental, Mortgage, and Utilities

## 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
<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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	The City of West Park will procure an accredited service provider with sufficient mental health experience and licensed staff to provide the Mental Health Initiative program services to residents.	150,000
<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>150,000</b>

### 14. Program Performance

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



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We anticipate that 100% of the community will be informed about the program and may have access to an initial consultation. Members of the community will have access to community resources regarding mental health initiatives and services. The City will procure an accredited entity with mental health and social services experience. The goal is to offer direct services to residents in need of mental health support. The program will also serve as a tool for crisis intervention.

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

Activities and services will include the following: Case Management; In-home Counseling; Parent Support Groups; Youth Development Groups; Family Fun Day Events; etc. These services will be provided to individuals and families. These will be holistic services that will increase family cohesiveness and increase individual awareness of natural supports and community involvement.

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

The direct services will include the following: Case Management; In-home Counseling; Parent Support Groups; Youth Development Groups; Family Fun Day Events; etc. These services will be provided by the City's selected entity that will have experience in providing comprehensive wrap-around services to support the individual's total well-being. This will be a mental health approach to enhance the quality of life for our residents.

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

The target population served by our Mental Health Initiative will be the residents of the City of West Park. Regardless of age, gender, race, income level, or any other demographics, residents will be informed and have access to the Mental Health Initiative program.

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

The expected benefit or outcome for this project will be as follows: access to crisis and mental health supportive services; increased family cohesiveness; prevent substance abuse; improve individual and family communication; provide natural support and community involvement, etc.

**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?**

The contract will have standard language that will include liquidated damages and conditions.

**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)



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- Local Entity
- University or College
- 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**