



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1253

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

4. Project/Program Description

TO REDUCE TRAUMA AND IMPROVE TRANSPORTATION OF CHILDREN IN CRISIS WITHIN THE SYSTEM OF CARE IN BROWARD COUNTY. Children, under the age of 18, who are enrolled in a Broward County Public School that serves students (primarily) enrolled in an Emotional/Behavioral Disability (E/BD) special program. Utilize an alternative transportation method of (a Basic Life Support Ambulance (BLSA) for students attending designated Broward County Public Schools during the school year to one of the two receiving facilities that serve this population. The alternative transportation method would be a private medical transportation company in lieu of law enforcement vehicles, when the student does not present a safety risk.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	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 2025-2026	300,000	100%

8. **Has this project previously received state funding?**
- If yes, provide the most recent instance:**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year 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.**

Seek to utilize blended funding from Broward County School Board (BCSB), Broward Behavioral Health Coalition (BBHC) and community providers such as Children Services Council (CSC)



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Payment for the utilization of an alternative transportation method (a Basic Life Support Ambulance (BLSA) for students attending designated Broward County Public Schools during the school year to one of the two receiving facilities that serve this population. The alternative transportation method would be a private medical transportation company in lieu of law enforcement vehicles, when the student does not present a safety risk	250,000
Consultants/Contracted Services/Study	Funding for Evaluation and Program Performance assessment and analysis	50,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		300,000

13. Program Performance

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



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

The use of Emergency Ambulances instead of more traumatic Law Enforcement transportation.

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

Continuity of care for minors via 1) less traumatic transportation, 2) behavioral health services, supports and outreach and 3) behavioral health prevention services and information and referral services.

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

Children, under the age of 18, who are enrolled in a Broward County Public School that serve students (primarily) enrolled in an Emotional/Behavioral Disability (E/BD) special program.

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

Early intervention could reduce interactions with law enforcement and decrease further involvement with the Juvenile Justice system and hence void encounters with the criminal justice system. Follow-up appointments and behavioral assessments would be conducted with students receiving diversion services from Broward County and Broward County Public Schools.

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?

Penalties would be reduction of funding for the specific utilization of this service.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:



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16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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 **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address



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d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.