



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1281

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Mental Health America of the Palm Beaches (MHAPB) seeks state funding to support the operation of its two Clubhouse locations, serving individuals with mental health conditions throughout Palm Beach County. Located in West Palm Beach and Belle Glade, these Clubhouse programs provide a safe, supportive environment where members can build essential life skills, develop meaningful relationships, and work toward personal recovery goals. Through a structured work-ordered day, our members experience vocational training, peer support, and the encouragement to reintegrate into the community, reducing isolation and promoting long-term wellness. Funding will ensure continued access to these critical services, fostering empowerment, independence, and community connection for Palm Beach County residents living with mental health challenges.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operating	100,000
Fixed Capital Outlay	0
Total State Funds Requested	100,000

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)	100,000	20%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	400,000	80%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	500,000	100%

8. Has this project previously received state funding? No

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? Yes

a. If yes, indicate nonrecurring amount per year.

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

Additional funding can be secured from private fundraising and donations.



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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	Support Staff and Director of Programs partial salaries	45,765
Expense/Equipment/Travel/Supplies/Other	Program Supplies	54,235
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)		100,000

13. Program Performance

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

The requested funding will support the continued operation of Mental Health America of the Palm Beaches' two Clubhouse locations in West Palm Beach and Belle Glade. \$45,765 will be allocated toward partial staff salaries to ensure the effective delivery of Clubhouse services, while \$54,235 will be used for program supplies, including equipment, food, and activity expenses that enhance the member experience and support the Clubhouse's daily operations.

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



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The funds will support Clubhouse activities and services designed to promote recovery, skill-building, and community reintegration for individuals with mental health conditions. Services will include the work-ordered day model, where members engage in structured tasks that contribute to the daily operations of the Clubhouse, employment coaching, and connection to supportive employment opportunities. Additional services will include peer support, wellness activities, life skills development, and community-based outings, all aimed at fostering independence, personal growth, and meaningful social connections.

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

The appropriation will provide direct services to Palm Beach County residents living with mental health conditions, including structured Clubhouse activities, employment coaching, supportive employment connections, peer support, wellness programming, life skills training, and access to nutritious meals. These services empower individuals to build meaningful relationships, develop essential skills, and work toward personal recovery and community reintegration.

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

Our target population is adults experiencing mental health conditions throughout Palm Beach County. Last fiscal year, Mental Health America of the Palm Beaches served 224 individuals across its two Clubhouse locations. With the continued support of this funding, we anticipate expanding our reach and serving an increased number of individuals in the upcoming year.

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 of this project is to promote recovery, community reintegration, and improved quality of life for adults with mental health conditions in Palm Beach County. Key outcomes include increased connections to mental health care, reduced hospitalizations, and greater employment opportunities for members. These outcomes will be measured through regular data tracking, including the number of individuals linked to care services, instances of psychiatric hospitalizations, and the number of members securing or maintaining employment, ensuring accountability and program effectiveness.

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?

Suggested penalties for failing to meet deliverables or performance measures may include the implementation of a formal corrective action plan with clear timelines and benchmarks for improvement, increased technical assistance to support program compliance and effectiveness, and a comprehensive program evaluation to identify areas for improvement and ensure alignment with contract objectives.

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



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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:

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**



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e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

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