



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1638

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Supporting Broward County Continuum of Care for citizens in need of 1) Behavioral Health Services/Supports, 2) Maternal Services / Supports and 3) Youth Violence Prevention Services. Funding to support an array of providers, agencies and organizations rendering the above services and supports.

5. State Agency to receive requested funds

State Agency contacted? Yes

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	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	300,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	600,000	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.

We would continue to request funding from local government and seek appropriate grants.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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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		0
Consultants/Contracted Services/Study	Funds to be distributed to support an array of Broward County providers, agencies and organizations contracted to rendering 1) Behavioral Health Services/ Supports, 2) Maternal Services / Supports and 3) Youth Violence Prevention Services and supports.	300,000
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?

Fund and sustain a Broward County Continuum of Care for citizens in need of 1) Behavioral Health Services/Supports, 2) Maternal Services / Supports and 3) Youth Violence Prevention Services.

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

1) Behavioral Health Services/Supports, 2) Maternal Services / Supports and 3) Youth Violence Prevention Services.

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

1) Behavioral Health Services/Supports, 2) Maternal Services / Supports and 3) Youth Violence Prevention Services.



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

- 1) Behavioral Health Services/Supports-children, youth, adults seniors
- 2) Maternal Services / Supports-Women experiencing Pre-Mid-Post Pregnancies
- 3) Youth Violence Prevention Services- youth, adolescents and young adults

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

- 1) Behavioral Health Services/Supports-increase access and stability of Behavioral Health Services/Supports
 - 2) Maternal Services / Supports-increase access and stability of Women experiencing Pre-Mid-Post Pregnancies
 - 3) Youth Violence Prevention Services- increase prevention and education opportunities youth, adolescents, young adults and communities.
- Outcomes to be determined by level of improved well-being among recipients of services.

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 specific to behavioral health services.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

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:

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

- Yes, Applied
- Yes, Received
- No



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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

d. Phone Number

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