



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1716

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The C.O.P.E program is designed to empower parents of Sickle Cell Warriors and enhance the quality of life for children. We achieve this by promoting self-awareness, self-esteem, self-care, and strengthening the patients and family support systems with community building practices. These include: Art and Music Therapy, Mindfulness Training, Health Crisis Management Counseling, Nutrition and Self-advocacy training.

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	340,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>340,000</b>

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)	340,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>340,000</b>	<b>100%</b>

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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Oversees program management, ensures compliance with funding requirements, liaises with stakeholders, supervises staff, and oversees financial and administrative functions.	65,000
Other Salary and Benefits	Supports administrative staff and assistants who manage outreach, communications, and program logistics.	25,500
Expense/Equipment/Travel/Supplies/Other	Covers essential participant materials, travel costs for site visits, and program infrastructure such as laptops, tablets, and software subscriptions (Zoom, management tools).	25,500
Consultants/Contracted Services/Study	Covers the costs of external researchers, grant evaluators, and policy consultants to ensure program effectiveness, data tracking, and reporting.	19,500
<b>Operational Costs</b>		
Salary and Benefits	Funds compensation for Community Liaison who conducts outreach and engagement with families, healthcare providers, and community organizations.	49,500
Expense/Equipment/Travel/Supplies/Other	Covers venue costs, workshop materials, art/music therapy supplies, event coordination expenses, hospital go-bags, and 15 passenger van for transportation to in-person sessions.	80,000
Consultants/Contracted Services/Study	Includes specialized service providers, including Pain Management, Licensed Mental Health Therapists, Licensed Art/Music Therapists, Mindfulness Consultants, Parent and Teen Talk Leaders, Healing with Food Instructors, Advocacy Workshop Leaders, and Medication Management Workshop Leaders, mental health counselors, advocacy trainers, and transition to adult care support specialist.	75,000
<b>Fixed Capital Construction/Major Renovation:</b>		



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Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>340,000</b>

**13. Program Performance**

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

The C.O.P.E. program offers services, training, and support to parents of children with sickle cell disease and the children themselves to enhance their quality of life. Services include stress and pain management techniques, coping skills, mental health counseling, transition to adult care, art and music therapy, medication management approaches, and other supportive services. These are provided through organized community events or direct service at home.

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

Direct services such as group counseling, educational support, and therapeutic sessions. It will also include workshops for transitioning from pediatric to adult care and medication management. These services aim to improve the quality of life for sickle cell warriors and their families.

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

Direct services such as group counseling, educational support, and therapeutic sessions. It will also include workshops for transitioning from pediatric to adult care and medication management. These services aim to improve the quality of life for sickle cell warriors and their families.

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

The target population for the program is between 201 and 400 participants, consisting of individuals from various demographic groups. These include elderly individuals, persons with poor mental and physical health, jobless individuals, economically disadvantaged persons, those with developmental and physical disabilities, as well as grade school and high school students.

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

The expected outcome of this project is for participants to develop effective stress coping strategies and create sustainable plans for managing sickle cell care, while improving mental and physiological health. Methodology includes surveys, intake and post-assessments, follow-care assessments, quarterly evaluations, attendance logs, emergency triage plans, and interviews to measure competency levels of participants. Facilitators fluent in English, Spanish, and Haitian Creole will ensure broad accessibility and inclusivity.

**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?**

Standard penalties apply.

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



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- 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
- 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



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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.*