



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1957

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The demands for mental health services among college students is rapidly increasing. Florida Memorial University is seeking funding to expand its mental health resources and services to address student well-being. The legislative support will hire additional licensed health professionals to find new and improve ways of intervening through healthcare systems.

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	350,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>350,000</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)	350,000	67%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	175,000	33%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>525,000</b>	<b>100%</b>

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.

Local and federal grants and/or donor contributions

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Two Healthcare Specialist @62,500 to focus on specific areas such as diagnosis treatment and educating patients on their mental health	125,000
Other Salary and Benefits	Operation and Administrative support	25,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Two Healthcare Practitioners	150,000
Expense/Equipment/Travel/Supplies/Other	Training materials; curriculum guides for mental health awareness training ;brochures and pamphlets on mental health topics; online resources supplies assessment tools resources booklets equipment for privates wellness spaces	50,000
Consultants/Contracted Services/Study		0
<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>350,000</b>

13. Program Performance

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

Enhance tele-health and counseling services for students demands for mental health services among college students is rapidly increasing. Florida Memorial University is seeking funding to expand its mental health resources and services to address student well-being. The legislative support will hire additional licensed health professionals to find new and improve ways of intervening through healthcare systems

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



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The activities and services will provide research for new and improve psychological and social interventions for early intervention; develop specialist generative models and new methods of collaboration between AI, mental health professionals and end users.

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

The funding will facilitate a clinical setting for students offering direct access to mental health services. It will also support workforce training and certification programs equipping students with essential skills and credentials in mental health care.

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

Persons with poor mental and physical health, jobless persons, homeless, Grade and High School students, University and college students and drug users in health services and developmentally disabled. We are expected to serve over a 100 people.

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

Improve mental health; conduct pre and post evaluations and surveys to assess changes in mental health, stress, and anxiety levels of effectively

**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?**

Returning the funds

**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)?**



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- 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
- d. Phone Number



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