

LFIR # 2078

1. Project Title	Project LIFT - Mental Health and Workforce Development

2. Senate Sponsor Erin Grall

3. Date of Request 1/29/2025

#### 4. Project/Program Description

Project LIFT has expanded into a financially disadvantaged community in St. Lucie County after 13 years of success in Martin and Palm Beach Counties. Our innovative delivery of mental health services provides social emotional learning through the unique platform of vocational training. At no cost to participants, at-risk young men & women ages 14-21 engage in hands-on vocational training while licensed therapists address mental health and substance abuse issues. Project LIFT provides an onsite high school diploma program through a platform administered by a licensed education program for high school dropouts. The region served includes a rural area of economic concern. Land has been donated with a fixed structure that is being renovated with the construction of additional buildings for vocational training.

#### 5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	742,700
Fixed Capital Outlay	0
Total State Funds Requested	742,700

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)	742,700	49%
Matching Funds		
Federal	365,000	25%
State (excluding the amount of this request)	0	0%
Local	200,500	14%
Other	175,000	12%
Total Project Costs for Fiscal Year 2025-2026	1,483,200	100%

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

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2024-25	0	742,700	377	No

#### 9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

Yes 742,700

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

Private funding



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

10. Status of Const a. What is the cu		he project?		
O Planning	🔵 Design	Construction	🔘 N/A	
	stimated start da	(i.e permitted)? ite of construction? ition date of construc	ction?	
e. What funding	stream will be u	ised for ongoing ope	rations and mair	intenance 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	Teacher - 1 FTE \$50,000 Program Director - 2 FTE \$110,000 Therapist - 2 FTE \$130,000 Marine, Construction, HVAC, Welding, Plumbing Vocational Tranining Instructor - \$275,000 Benefits, payroll taxes, and benefits - \$84,750	649,750
Expense/Equipment/Travel/Supplies/ Other	Online educational platform, 23 high school dropout students - \$46,500 Computers for HS dropout students (10) - \$7,500 Food - average 6 months of food, 4 lunches/week - \$14,000 HS Educational Supplies - \$4,950 Transportation for HS dropout students - \$20,000	92,950
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	742,700

#### 13. Program Performance



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

a. At risk teens (14-21 years old) receive mental health care. Tested weekly for substance abuse. If fail 3 times, based on the standard of care, referral will be made to an inpatient program. 70% will graduate substance free.

b. Referrals from the criminal justice system will reduce occurrences of reoffending.

c. 70% of high school dropouts will graduate with an accredited diploma.

d 70% of graduates employed, enlisted in military or enrolled in post-secondary education within 1 year.

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

Purchase supplies and equipment for vocational training; Mental Health therapy; Vocational training; Substance; Abuse Treatment and workshops; Life skills workshops; Job Training; High School Diploma program for dropouts.

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

Transportation to and from the program; Access to Mental Health Clinicians. Case Managers and Substance Abuse Experts; Vocational job training; One-on-one tutoring while pursuing a high school diploma; Mentoring in life skills; Job training and work readiness preparation; Wraparound services

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

Persons with poor mental health; Persons with poor physical health; Jobless persons; Economically disadvantaged persons; At-risk youth; Homeless

# 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: 70% improved Mental Health Indicators at or above the industry standard improvement; Individual and group therapy during entire program; Methodology-Children's Functional Assessment Rating Scale Pre/Post Test-Adverse Childhood Experience; Attendance tracking, Substance Use Inventory, drug testing, treatment planning;

IMPROVE QUALITY OF EDUCATION: 70% of high school dropouts will graduate with their diploma. Methodology-Penn Foster on-line high school curriculum.

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?

A 10% cut every month if deliverables are not met. Within 3 months, a remedial plan will be created and executed.

#### 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 infastructure)

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



LFIR # 2078

No, but intends to apply		No,	but	intends	to	ap	ply
--------------------------	--	-----	-----	---------	----	----	-----

### 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	Robert	Last Name	Zaccheo
b. Organization	Project LIFT Inc.		
c. E-mail Address	Bob.Zaccheo@projectlift.	org	
d. Phone Number	(772)221-2244	Ext.	

#### **18. Recipient Contact Information**

a. Organization	Project LIFT Inc.					
b. Municipality and County Saint Lucie						
c. Organization Ty	c. Organization Type					
□For Profit Entity	,					
☑Non Profit 501(	c)(3)					
□Non Profit 501(	c)(4)					
□Local Entity						
□University or Co	bllege					
□Other (please s	pecify)					
d. First Name	Robert Last Name Zaccheo					



LFIR # 2078

e. E-mail Address	Bob.Zaccheo@Projectlift.c	org	
f. Phone Number	(772)221-2244	Ext.	
19. Lobbyist Contact I	nformation		
a. Name	Nicholas V. Iarossi		
b. Firm Name	Capital City Consulting LL	_C	
c. E-mail Address	nick@cccfla.com		
d. Phone Number	(850)222-9075		

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