



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2165

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funding will go towards GGI's program that includes mental health services and assessments, which are provided even before individuals are admitted into the shelter. The program collaborates with various agencies, including the South Florida Behavioral Health Network and the Healthcare District, to expand services and provide the necessary support. Ongoing support from Gulfstream, post discharge, will ensure access to therapy, medication management, transportation, and insurance.

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	438,992
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>438,992</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)	438,992	44%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	563,004	56%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,001,996</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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Therapy toys, office supplies, printing supplies, mental health assessment tools, adaptive devices, laptops, tablets.	23,150
Consultants/Contracted Services/Study	Behavioral health consultants, case manager consultants, psychiatric consultant, mentoring and tutoring consultants, housing services for patients.	415,842
<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>438,992</b>

**13. Program Performance**

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

Funding will go towards GGI's program that includes mental health services and assessments, which are provided even before individuals are admitted into the shelter. The program collaborates with various agencies, including the South Florida Behavioral Health Network and the Healthcare District, to expand services and provide the necessary support. Ongoing support from Gulfstream, post discharge, will ensure access to therapy, medication management, transportation, and insurance.

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



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Mental health services and assessments to those being processed by GGI as well as their families.

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

Direct services to be provided include therapy, medication management, transportation, and insurance for patients enrolled in the GGI behavioral health service program.

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

Those experiencing homeless and their families. Over 800 individuals are expected to be served.

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

Mental health assessments by professionals, eventual housing for those in the program. Recidivism rates and qualitative assessments from professionals such as surveys and interviews.

**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?**

Potential penalties for failing to meet deliverables or performance measures may include withholding of funds until deliverables and performance measures are met.

**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
- 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



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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.*