



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2227

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The Centerstone Trauma Recovery Center will provide trauma-focused treatment, training, and support services in Manatee, Sarasota, and Desoto Counties. The Center currently serves sexual assault survivors in Manatee County. There are many types of trauma; including sexual abuse, physical abuse, accidents, school and community violence, natural disasters, domestic violence, trafficking, combat, and war. Expansion will enable the Center to: serve adults, adolescents, and children who have experienced or witnessed any traumatic event, and their families; serve veterans and military families who have unique culture and distinctive needs; support development of a trauma-informed community through training and education; provide training and education to providers regarding best practices for working with victims of sexual abuse and trafficking, military and other cultural competence, and best practices for working with military children; obtain safe housing for trauma survivors.

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	950,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>950,000</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)	950,000	77%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	182,189	15%
Other	95,091	8%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,227,280</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	950,000		No

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.**

None at this time



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

**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	oversight	30,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Program staff (service providers)	204,444
Expense/Equipment/Travel/Supplies/Other	Facility, Technology, Vehicle leases, Insurance, Fuel, Supplies, Training, Health records, Community Education	145,556
Consultants/Contracted Services/Study	Housing; Therapeutic Services for Florida Veterans and Military Personnel and Their Families	570,000
<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>950,000</b>

**13. Program Performance**

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

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



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

evaluation, therapy, care coordination, peer support, mentoring, housing, training, community awareness and education

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

adults Survivors of trauma; community members; 1200 total served through mental health care, support, trauma training and education

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

Outcomes:  
 1. Establish a community-based, culturally competent, quality, accessible program to provide and increase access to effective trauma-focused treatment and service systems. Measured via numbers served, accessibility of services and education.  
 2. Improve health status outcomes for trauma survivors. Measured via evidence-based evaluation tool.

**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?**

penalty if number served is not met

**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



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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.*