



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2278

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This initiative aims to provide statewide mental health resources and training programs for parents of children with Individualized Education Plans (IEPs) and disabilities, with a specific focus on families residing in areas that have been significantly impacted by major natural disasters, such as hurricanes and tornados. The project seeks to address the mental health and emotional needs of these families, who often face unique and compounded challenges due to the intersection of disability-related needs and the psychological toll caused by disaster-related trauma.

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	1,050,000
Fixed Capital Outlay	0
Total State Funds Requested	1,050,000

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)	1,050,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,050,000	100%

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.**

Local community funding support via organizational strategic capital campaign initiative.



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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Oversee project implementation and ensure deliverables are met	75,000
Other Salary and Benefits	Administrative and support staff	50,000
Expense/Equipment/Travel/Supplies/Other	Supplies, travel for outreach programs, and community engagement	50,000
Consultants/Contracted Services/Study	Development of innovative training resources and mental health workshops	50,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Hosting mental health fairs, workshops, and support groups. Development and distribution of educational materials and toolkits for families. Creation of a digital platform for ongoing virtual therapy sessions and mental health resources.	350,000
Consultants/Contracted Services/Study	Direct therapeutic services for parents of children with IEPs and disabilities	475,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,050,000

13. Program Performance

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



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

Direct therapeutic services for parents, statewide workshops, development of a digital support platform, community resource events, and distribution of toolkits and materials to support mental health resilience in families impacted by natural disasters.

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

Mental health therapy sessions, virtual resources, training workshops, and community events designed to equip parents with strategies and support for managing their children's unique needs.

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

The project targets parents and families of children with IEPs and disabilities, particularly in disaster-impacted communities. Approximately 7,500 families statewide are expected to be served in the first year.

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

Benefit/Outcome Specific Measure Methodology
 Improve mental health Pre- and post-therapy assessments for parents on stress and mental health Assessments before and after services to gauge improvement in mental health
 Improve quality of education Increased parental engagement and improved IEP goal outcomes Surveys and feedback from schools and families on IEP goal progress
 Enhance economic self-sufficiency Surveys on parents' ability to better manage work-life balance and access resources Pre- and post-program surveys measuring financial and life stability
 Strengthen disaster resilience Tracking family recovery metrics in communities impacted by natural disasters Data collection on recovery efforts and family stability post-services

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?

Reduction of subsequent funding allocations and termination of agreements for consistent failure to meet deliverables.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No Yes

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):

Hurricane Idalia (August 30, 2023, Hurricane Debby (September 2023), Hurricane Helene (September 202

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2278

- 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
- University or College
- Other (please specify)



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2278

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.