



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2548

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Dade County Fire Fighters Insurance Trust Plan requests funds to care for first responders who voluntarily sacrifice their physical health and endanger their mental wellbeing to serve and protect others. Funding will provide first responders with resources to raise awareness and educate police and firefighters on strategies to approach, mitigate and/or cope with the stresses encountered on the job. A 24/7 phone line will connect first responders with an operator to schedule an appointment within 24 hours either in person or virtual with a mental health counselor that specializes in treating first responders.

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	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	250,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	500,000	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		
2024-25	0	250,000	2489A	Yes

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.

Donations



The Florida Senate

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Fiscal Year 2025-2026

LFIR # 2548

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Mental Health services provided to police officers, firefighters, EMT's and paramedics.	250,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

13. Program Performance

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

To provide mental health services to first responders that do not qualify under the current post traumatic stress disorder (PTSD) statutory language in F.S. 112.1815, to ensure access to certified mental health counselors for first responders who are in crisis.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2548

24/7 phone line that connects the first responder with an operator to schedule an appointment within 24 hours either in person or virtual with a mental health counselor that specializes in treating first responders.

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

Mental Health counseling to first responders in crisis.

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

Over 1000 of first responders.

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

Reduction of suicides by first responders.

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?

Forfeiture of 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)?

- Yes, Applied
- Yes, Received
- No



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2548

No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

Department of Financial Services

17. Requester Contact Information

a. First Name WILLIAM **Last Name** MCALLISTER IV

b. Organization LOCAL 1403 METRO DADE FIREFIGHTERS

c. E-mail Address PRESIDENT@LOCAL1403.ORG

d. Phone Number (305)593-6100 **Ext.** 4

18. Recipient Contact Information

a. Organization FIRST RESPONDERS RESILIENCY FOUNDATION CORP

b. Municipality and County Miami-Dade

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 WILLIAM **Last Name** MCALLISTER

e. E-mail Address PRESIDENT@LOCAL1403.ORG

f. Phone Number (305)593-6100 **Ext.**

19. Lobbyist Contact Information

a. Name Manuel (Manny) Reyes

b. Firm Name Pereira Reyes Consulting, Inc

c. E-mail Address manny@pereirareyes.com

d. Phone Number (305)282-9199

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