

# The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 2809

1. Project Title	Blue 4 Blue
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2.	Senate	Sponsor	Bryan Avila

3. Date of Request	2/18/2025
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#### 4. Project/Program Description

A not-for-profit organization run by police officers for police officers. This initiative aims at peer-to-peer counseling for law enforcement officers suffering from PTSD across the State of Florida.

Yes

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

Department of Law Enforcement

State Agency contacted? No

# 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	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	250,000	100%

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

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2024-25	0	125,000	1290 + 1710	No	

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

No			

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**

10. Status of Construction

	Loc	The Florida Senate cal Funding Initiative Request Fiscal Year 2025-2026	LFIR # 2809
a. What is the cu	rrent phase of th	ne project?	
O Planning	🔘 Design	Construction ON/A	
b. Is the project '	'shovel ready" (	.e permitted)?	
c. What is the est	timated start dat	e of construction?	
d. What is the es	timated complet	ion date of construction?	
e. What funding	stream will be u	sed for ongoing operations and maintenance of t	he 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	Peer to Peer Counseling	250,000
Expense/Equipment/Travel/Supplies/ Other		0
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)	250,000

#### 13. Program Performance

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

The goal is to provide peer to peer counseling so that officers who are suffering from PTSD, understand the possible symptoms and how to combat through these different emotions. Unlike the military, PTSD in police officers is prevalent because of the work they do on a daily basis and not tracked back to a specific event. Over the course of a law enforcement officers' career, they can experience high levels of cortisone due to adrenaline, which causing mood changes, depression, dread, and other such feeling which can significantly and negatively impact the officer's ability for long healthy life after retirement.

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

Peer to peer counseling for police officers suffering from PTSD.

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



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This project will assist any law enforcement officer suffering from PTSD in the state of Florida.

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

This project will assist any law enforcement officer suffering from PTSD in the state of Florida.

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

It will assist law enforcement officers suffering from PTSD by increase coping mechanisms to allow officers to continue providing stellar services to our citizens in Florida.

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?

All remaining funding returned to Florida if benchmarks are 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 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
- □ 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



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

17. Requester Contact		n	]	
a. First Name	Alejandro		Last Name	Palacio
b. Organization	Blue 4 Blue			
c. E-mail Address	Alpalaciopre	esidentfop133	@gmail.com	
d. Phone Number	(786)299-75	542	Ext.	
18. Recipient Contact				
a. Organization	Blue 4 Blue			
b. Municipality and	d County	/liami-Dade		
c. Organization Ty	ре			
□For Profit Entity				
⊠Non Profit 501(c	;)(3)			
□Non Profit 501(c	;)(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	oecify)			
d. First Name	Alejandro		Last Name	Palacio
e. E-mail Address	Alpalaciopre	esidentfop133	@gmail.com	
f. Phone Number	(786)299-75	542	Ext.	
19. Lobbyist Contact I	nformation			
a. Name	None			
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.