



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3099

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

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	110,000
Fixed Capital Outlay	0
Total State Funds Requested	110,000

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)	110,000	16%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	575,000	84%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	685,000	100%

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	110,000		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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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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		0
Operational Costs		
Salary and Benefits	Licensed Clinical Social Workers	110,000
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)		110,000

13. Program Performance

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

To provide mental health counseling on an outpatient basis to seniors and their families in a warm and supportive environment.

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

Mental health educational programs for seniors aimed at prevention. Workshops and support groups for caregivers.

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

Baker Senior Center Naples licensed clinical social workers will provide services to help seniors to cope with anxiety and stress, depression, grief and loss, difficult relationships, adjusting to life changes, concerns related to aging, low self-esteem, coping with illness, anger, trauma, isolation, and caregiver stress.



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

The targeted population are seniors age 60 and older. In 2022, a third of the population in Collier County was age 65 plus, a 25% growth rate from 2015. This portion of the population is projected to grow another 24% in the next five years. Collier County faces a major deficit of mental health providers which particularly impacts older adults. For individuals on fixed incomes, the availability of services is significantly lower. Seniors have limited options particularly since helping the senior population requires unique skill sets.

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

This project will help to increase affordable access to mental health services for seniors. Seniors will be measured through before and after surveys provided to clients served.

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?

This program is funded on a monthly basis for services that are reported in the Florida Department of Elderly Affairs. If the agency failed to meet the deliverables, then the agency would not be able to submit for payment of services.

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



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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

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