



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3140

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This appropriation would support ongoing success of a local peer-led respite center in Central Florida. Peer respites are a proven and effective tool for hospital diversion and suicide prevention. Peer services are an innovative, community-centered solution that can prevent mental health crises and promote holistic wellness by providing immediate support and ensuring long-term assistance.

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	200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>200,000</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)	200,000	21%
<b>Matching Funds</b>		
Federal	132,000	14%
State (excluding the amount of this request)	0	0%
Local	613,000	65%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>945,000</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	136,000	377/384A	Yes

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**



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**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	10% of Executive Directors Salary	9,200
Other Salary and Benefits	Expansion of outreach coordinators salary to include an additional 20 hours at \$24 per hour per week to provide education on peer respites to the community as well as building meaningful community partnerships to assure whole person care.	24,960
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Cost of consultants to provide guidance for program design and evaluation. Additionally, supports professional development expenses of the team.	16,800
<b>Operational Costs</b>		
Salary and Benefits	Salary for Certified Peer Recovery Specialists and other staff for the peer respite.	83,200
Expense/Equipment/Travel/Supplies/Other	Transportation assistance for respite guests to be able to and from their respite stay. Includes additional transportation assistance for guests to attend respite aftercare activities as well.	10,000
Consultants/Contracted Services/Study	Support contracted 1:1 peer support, a "bridger", for guests to have support while they wait for a stay. Additionally, includes contracted peer supporters holding peer groups for past guests to have ongoing support.	55,840
<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>200,000</b>

**13. Program Performance**

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



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This appropriation would support relocation and expansion of a local peer-led mental health counseling and respite center in Central Florida. The former space is being reclaimed for use by the building owner. Peer respites are a proven and effective tool for hospital diversion and suicide prevention. Peer services are an innovative, community-centered solution that can prevent mental health crises.

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

Peer Support Space will have increased capacity to assess program outcomes and to continue providing quality peer respite care. This will be done by supporting a percentage of administrative costs, adding two respite peer support "team leads", and creating more well-rounded care by providing peer support for while individuals are awaiting a stay as well as after a stay.

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

Peer-led services; orientation, overnight respite services, peer counseling (group and individual), aftercare, before care and other peer-led services requested and deemed appropriate for the individual seeking support.

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

This project would serve approximately 200-400 at-risk individuals with mental health challenges. These individuals are predominately at-risk of institutionalization or hospitalization, with many having previously been hospitalized.

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

Successful completion of respite services are expected to include self-reported improved overall mental health, increased knowledge of mental health resources/tools, and decreased feelings of isolation upon completion of their stay. Successful completion of respite services will be determined by check-out. All participants will receive and complete surveys at the completion of their stay.

**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?**

Repayment of funds to the state on the pro-rated basis.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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#:**



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**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)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**



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a. Name	<input type="text" value="Daniel Sohn"/>
b. Firm Name	<input type="text" value="Floridian Group, LLC."/>
c. E-mail Address	<input type="text" value="daniel@flagroupllc.com"/>
d. Phone Number	<input type="text" value="(954)243-4705"/>

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