



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2742

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 2024-2025

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2024-2025 (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 2024-2025	500,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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: Other		
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

14. 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?



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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 the contract?

Forfeiture of funds.

15. Requester Contact Information

- a. **First Name** **Last Name**
- b. **Organization**
- c. **E-mail Address**
- d. **Phone Number** **Ext.**

16. 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) 501c9

- d. **First Name** **Last Name**
- e. **E-mail Address**
- f. **Phone Number**

17. Lobbyist Contact Information



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a. Name	<input type="text" value="Manuel (Manny) Reyes"/>
b. Firm Name	<input type="text" value="Pereira Reyes Consulting, Inc"/>
c. E-mail Address	<input type="text" value="manny@pereirareyes.com"/>
d. Phone Number	<input type="text" value="(305)282-9199"/>