



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3490

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

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

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)	110,000	16%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	575,000	84%
Total Project Costs for Fiscal Year 2024-2025	685,000	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?

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



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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		0
Operational Costs: Other		
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

14. 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 led by geriatric psychiatrists.
 Scholarships for financially limited seniors needing mental health counseling.
 Support groups for caregivers.

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



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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 loneliness and caregiver stress.

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 over. 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 skillsets.

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. Services will be measured through pre and post surveys 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 the contract?

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

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)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number



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17. Lobbyist Contact Information

a. Name	<input type="text" value="None"/>
b. Firm Name	<input type="text"/>
c. E-mail Address	<input type="text"/>
d. Phone Number	<input type="text"/>