



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1334

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Broward Schools desires to expand the pilot mentoring program focused on the mental health & well-being of student athletes and those involved in competitive extra-curricular activities. Students would receive support in time/stress management, achieving work/life/school/sport balance, responsible social media usage, college recruiting, and implications of future NIL deals. Coaches and activity sponsors will also be supported.

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
<b>Total State Funds Requested</b>	<b>250,000</b>

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	45%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	300,000	55%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>550,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	250,000	86	No

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.

Local funds, private funding, or grant dollars.

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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\$950M used to mitigate the impact of COVID-19 pandemic through learning loss-tutoring, summer programs, instructional materials, and teachers; nursing services; HVAC - clean air; retain teachers and staff, COVID related medical claims & sick leave; technology-online instruction; and charter school initiatives.

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Supplemental pay for coaches to participate in training and mentoring activities	100,000
Expense/Equipment/Travel/Supplies/Other	Equipment and supplies for mentoring activities	50,000
Consultants/Contracted Services/Study	Provide coaches and athletes with mentoring and support using research-based, proven solutions for coaching, mentoring, and intervention support. This includes, but is not limited to partnerships with the National Council for Mental Wellness, Positive Coaching Alliance, and Inner Vision	100,000
<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>250,000</b>

### 14. Program Performance

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



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

This expansion program will focus on the mental health and well-being of student athletes and those involved in competitive extra-curricular activities. As part of the expansion project, additional students will receive support in time and stress management, achieving school, work, and life balance, responsible social media usage, and management of the college recruiting process.

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

In addition to supporting the needs of student athletes as described above, support will also be provided to their coaches and club sponsors through professional learning, mentoring, and coaching in fostering a competitive environment that is nurturing and built on a foundation of high expectations and mutual respect.

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

The target population served by this project are high school students, coaches, and club sponsors. More than 800 individuals are expected to be served by this expansion project.

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

The expected benefits and outcomes of this project include improved mental health of student athletes through enhanced abilities to manage time and stress, achievement of life balance to include school, sports/clubs, and work, self-management, self-regulation, and responsible decision making. Additionally, it is expected that student athletes will benefit from improved grades and test scores, ultimately impacting the overall school performance. These outcomes will be measured using surveys of student athletes and their coaches/club sponsors, report cards, test scores, and school grades.

**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?**

Reduction in funds equal to the allocated amount.

**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)



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- Local Entity
- University or College
- Other (please specify)

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

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**