



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3461

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The requested funds will implement a mental health intervention and prevention program for children in urban communities who participate in sports. This program aims to address the mental health needs of these children and provide them with the necessary support and resources to improve their overall well-being.

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	75,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>75,000</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)	75,000	59%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	40,000	31%
Other	13,000	10%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>128,000</b>	<b>100%</b>

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
<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		0
Expense/Equipment/Travel/Supplies/Other	Programming travel (to various colleges for recruitment, and national museums, monuments and cultural activities in sites of colleges). Supplies (field equipment, participant attire [uniforms], and basic office supplies. Assessment tools and materials for programming impact measurements. Participant food (daily food and hydration for field activities, and food for per diem of participant travel).	60,000
Consultants/Contracted Services/Study	Mental Health Specialist for participant assessment, consulting, and services as demonstrated needs require.	15,000
<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>75,000</b>

**14. Program Performance**

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

The specific purpose or goal that will be achieved by the funds being requested is to implement a mental health intervention and prevention program for children in urban communities who participate in sports. This program aims to address the mental health needs of these children and provide them with the necessary support and resources to improve their overall well-being.



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

Mental Health Services, Physical Fitness, Nutritional Education, Cultural Exposure / Enhancement, College Prep Compliance.

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

The services proposed work in unison to develop young men at high-risk of negative influences and poor academic attainment who demonstrated a high level of sports participation, but have not and are not meeting minimum standards to achieve admissions in to post secondary education. The services will work collectively to improve the child's awareness, desire, and capacity to gain college admission.

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

Economically disadvantaged persons, at-risk youth, and high school students

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

To improve the mental and physical health of student athletes which benefits their performance, and to provide education which will help the public achieve their economic self-sufficiency. This will be measured through surveys and questionnaires.

**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?**

Termination of Grant Agreement: In cases of severe or repeated non-compliance, the state agency may have the option to terminate the grant agreement altogether. This would result in discontinuation of funding and potentially require the grantee to return any unused funds. Termination should be considered as a last resort when other remedies have been exhausted, and it should be clearly outlined as a potential consequence in the contract.

**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)



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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