



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1022

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Eagles Haven is a community wellness center created solely and mindfully for the Parkland/Coral Springs community in the aftermath of the traffic shooting at Marjory Stoneman Douglas High School in 2018. The Center offers wellness services, case management, trauma education and crisis intervention/counseling in one relaxing and nurturing setting. Community members are welcome to call or drop in for any supportive service or wellness needs 7 days a week, free of charge.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	600,000
Fixed Capital Outlay	0
Total State Funds Requested	600,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	42%
Other	100,000	8%
Total Project Costs for Fiscal Year 2023-2024	1,200,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	600,000	372	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Private grants and fundraising efforts.

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

No



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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

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

not a construction project

d. What is the estimated completion date of construction?

not a construction project

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.

Does not apply

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	Program Staff (Director, Assistant Director, Clinical Navigators, Admin	500,000
Expense/Equipment/Travel/Supplies/Other	Office space and supplies, program and wellness supplies.	100,000
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)		600,000

14. Program Performance

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

Eagles' Haven's goal is to restore hope and wellness to the Parkland community while offering support and crisis intervention to prevent further incidents of self-harm or suicide.

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



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Eagles' Haven is a community wellness offering wellness services, case management, trauma education and crisis intervention in one nurturing setting. Community members can call or drop into the center 7 days a week, free of charge. The Eagles' Haven Navigators provide clinical assessment and crisis support to all clients while also linking families to any needed social or therapeutic service in the community.

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

Wellness Experiences including but not limited to: Pet Therapy, Kickboxing, Exercise classes, Yoga, Tai Chi, Meditation & Mindfulness, Blender Bike Smoothie Making, Drumming Circle, Zumba, Chi Gong, Acupuncture, Aromatherapy, Relaxing with Art, Improv, Open Mic Poetry, Singing, Stretching Classes, Chair Massage, Boot Camp, and Cooking. Navigating Services/ Case Management: Our clinicians provide intensive, hands-on, clinical case management which includes a comprehensive care plan and appropriate referrals to needed services to assist the individual and family according to their individual needs.

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

Program targets anyone impacted by the shooting at Marjory Stoneman Douglas High School in Parkland, Florida in 2018. While initially aimed at students, parents and teachers in the Parkland/Coral Springs community, the center has expanded to serve anyone suffering from trauma related to the shooting or otherwise.

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

The goal of this program is to improve wellness and restore hope to the Parkland community through the provision of wellness activities and support services. An additional outcome is to provide increased support during the trial of the Parkland shooter. Objectives are as follows and are measured by care plan reviews and satisfaction surveys:
 1. 90% of clients will be linked to the appropriate services as determined during assessment and listed on their care plan
 2. 85% of clients will meet the wellness goals listed on their care plan.

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?

Standard penalties

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



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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