



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1530

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The requested funds will provide support for a community-facing, service-focused center that promotes education-to-practice resources for healthy living across the lifespan via Play therapy, SMART Lab, and Brain Fitness Academy which includes active support services for Alzheimer's and dementia sufferers and caretakers, and preventative stress management strategies for the community.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	298,489
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>298,489</b>

7. **Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	298,489	44%
<b>Matching Funds</b>		
Federal	44,000	7%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	325,000	49%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>667,489</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

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

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.**

The university is actively fundraising for private dollars and endowments to support the Center.

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

Yes



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

Total Student Portion \$8,238,800  
 Total Institutional Portion \$9,877,011  
 Grand Total \$18,115,811

**11. 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	Operations Coordinator & Data Manager Undergraduate & Graduate Research Assistants	262,320
Expense/Equipment/Travel/Supplies/Other	Equipment/Supplies, Technology, Computers, Software Licenses, Expressive Arts Materials, Travel	36,169
Consultants/Contracted Services/Study		0
<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>298,489</b>

**12. Program Performance**

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

Provide community-facing, service-focused center that promotes education-to-practice resources for healthy living across the lifespan via Play therapy, SMART Lab, and Brain Fitness Academy which includes active support services for Alzheimer's and dementia sufferers and caretakers, and preventative stress management strategies for the community.

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

The funding will provide local citizens with practical tools to more effectively manage daily stress that can prevent the development of severe mental health disorders. The services will also help to address the chronic effects of Alzheimer's or other dementias. Treatment will be provided free of charge to participants.

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

Play therapy for adolescents who have experienced trauma. Stress management and suicide prevention resources will be provided to residents and local college students, Brain Fitness Academy services to sufferers of Alzheimer's or other dementias and support services for their caregivers.

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



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Elderly persons  
 Persons with poor mental/physical health  
 Jobless persons  
 Physically disabled  
 Preschool students  
 Grade school students  
 High school students  
 College students

201-400 persons served

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

Improved physical health of participants in the Brain Fitness Academy's cognitive rehabilitation program.  
 ---Participants attend four-hour group sessions twice per week, working with Stetson students on cognitive rehabilitation activities, physical exercise, and socialization. Simultaneously, graduate students from our counseling program lead caregiver support groups.

Reduction in stress, coping skills, facilitate the healing of trauma and other mental/behavioral health disorders, as well as to support the health and wellbeing of families.

---Self-report and physiological measures of psychological disorders and indicators of resilience. The SMART Lab, The Play and Creativity in Counseling, and The Brain Fitness Academy, is capable of intervening with a wide age demographics from increased knowledge and skills of undergraduate students studying health sciences and graduate students completing degrees in counseling. Hands-on training for Stetson undergraduate and graduate students.

**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?**

Withhold state funds provided.

**13. 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.**

n/a



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#### 14. Requestor Contact Information

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

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number