

1. Project Title

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

Centerstone Trauma Recovery Center

**LFIR # 1157** 

2.	Senate Sponsor	Jim Boyd						
3.	Date of Request	11/07/2023						
4.	Project/Program De	escription						
	Manatee, Sarasota, are many types of tradisasters, domestic and children who ha families who have utraining and education	and Desoto Countie auma; including sex violence, trafficking, we experienced or v nique culture and dis on; provide training a afficking, military and	es. The Center ual abuse, pho combat, and vitnessed any stinctive needs and education dother cultura	r curre ysical war. E traum s; sup	abuse, accidents, s expansion will enable atic event, and their port development of oviders regarding be	Issault survivors in he chool and communite the Center to: serve families; serve veter a trauma-informed ast practices for work	Manatee County. There ty violence, natural re adults, adolescents, erans and military community through	
5.	State Agency to red	ceive requested fu	nds Dep	artme	ent of Children and F	amilies		
	State Agency conta	•						
	State Agency conta	icleu: 165						
6.	Amount of the Noni	recurring Request	for Fiscal Yea	ar 202	4-2025			
	Type of Funding				Amo	ount		
	Operations					950,000		
	Fixed Capital Outlay				0			
	Total State Funds Requested				950,000			
7.	Total Project Cost f	or Fiscal Year 2024	1-2025 (includ	ding n	natching funds ava	ilable for this proj	ect)	
	Type of Funding				Amount	Percentage		
	Total State Funds R	equested (from que	stion #6)		950,000	74%		
	Matching Funds							
	Federal				0	0%		
	State (excluding the	amount of this requ	est)		0	0%		
		Local			182,189	14%		
	Other				156,508	12%		
	Total Project Costs	s for Fiscal Year 20	24-2025		1,288,697	100%		
8.	Has this project pre	eviously received s	state funding	?	Yes			
	Fiscal Year (yyyy-yy)	Amo			Specific Appropriation #	Vetoed		
		Recurring	Nonrecurri			NI-		
	2023-24	0	750	0,000	378	No		
9.	Is future funding lik	kely to be requeste	d?		Yes			
	a. If yes, indicate n	onrecurring amou	nt per year.		950,000			
	b. Describe the sou	urce of funding tha	t can be used	d in lie	eu of state funding			
	none at this time							
							1	



Yes

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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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950,000

FEMA (\$267K), for the cost of to	Centerstone has received assistance for the cost of Personal Protective Equipment (PPE) from FEMA (\$267K), for the cost of technology for telehealth from FCC (\$147K), and for revenue loss from HHS (\$261K) FY21 and 22. None received FY23.				
Complete questions 11	and 12 for Fixed Capital Outlay Projects				
11. Status of Construction					
a. What is the current phase o	f 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 comp	eletion date of construction?				
relationship between the own  13. Details on how the requested	state funds will be expended				
Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits	oversight	50,000			
Other Salary and Benefits		(			
Expense/Equipment/Travel/Supplies Other	3/	(			
Consultants/Contracted Services/Study		(			
Operational Costs: Other		•			
Salary and Benefits	Program Staff	204,444			
Expense/Equipment/Travel/Supplies Other	Facility, Technology, Vehicle leases, Insurance, Fuel, Supplies, Training, Health records, Community Education	145,556			
Consultants/Contracted Services/Study	Housing; Therapeutic Services for Florida Veterans and Military Personnel and Their Families	550,000			

### 14. Program Performance

Planning Engineering

Construction/Renovation/Land/

Fixed Capital Construction/Major Renovation:

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

Total State Funds Requested (must equal total from question #6)



□Other (please specify)

Melissa

d. First Name

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		tive impacts of trauma on th				
	b. What activities	and services will be prov	ided to mee	t the intended purpose o	f these funds?	
	Evaluation; therap community educat		support, men	toring, linkage to additiona	al resources, supported housing, and	
	c. What direct ser	vices will be provided to	citizens by t	he appropriation project	?	
	Evaluation, therap	y, care coordination, peer s	support, men	toring, housing, training, c	ommunity awareness and education.	
	d. Who is the targ	et population served by t	his project?	How many individuals a	re expected to be served?	
	Adults Survivors of and education.	of trauma; community memb	oers; 1200 to	tal served through mental	health care, support, trauma training	
	e. What is the exp be measured?	ected benefit or outcome	of this proj	ect? What is the method	ology by which this outcome will	
	effective trauma-fo	ocused treatment and service	e systems. N	Measured via numbers ser	o provide and increase access to ved, accessibility of services and idence-based evaluation tool.	
					n addition to its standard penalties	
		deliverables or performa				
	Contract penalty i	f number served is not met.				
	Requester Contac				٦	
	a. First Name			Larkin-Skinner	_	
	b. Organization	Centerstone of Florida, Inc.				
	c. E-mail Address	melissa.larkin-skinner@ce				
	d. Phone Number	(941)720-4826	Ext.			
16.	Recipient Contact Information					
	a. Organization	Centerstone of Florida, Inc	С.			
	b. Municipality and	d County Manatee				
	c. Organization Ty	pe				
	□For Profit Entity					
	☑Non Profit 501(d	c)(3)				
	□Non Profit 501(d	0)(4)				
	□Local Entity					
□University or College						

Last Name Larkin-Skinner



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e. E-mail Address	melissa.larkin-skinner@centerstone.org
f. Phone Number	(941)720-4826

### 17. Lobbyist Contact Information

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