

1. Project Title

2. Senate Sponsor

3. Date of Request

Erin Grall

12/07/2023

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

Project LIFT - Mental Health and Workforce Development

LFIR # 2577

| 4. | Project/Program D | escription | | | | | | | |
|----|---|----------------------|-------------------|------------------------|-----------------------|-------------|--|--|--|
| | Project LIFT has expanded into a financially disadvantaged community in St. Lucie County after 13 years of success in Martin and Palm Beach Counties. Our innovative delivery of mental health services provides social emotional learning through the unique platform of vocational training. At no cost to participants, at-risk young men & women ages 14-21 engage in hands-on vocational training while licensed therapists address mental health and substance abuse issues. Project LIFT provides an onsite high school diploma program through a platform administered by a licensed education program for high school dropouts. The region served includes a rural area of economic concern. Land has been donated with a fixed structure that is being renovated with the construction of additional buildings for vocational training. | | | | | | | | |
| 5. | State Agency to re | ceive requested fu | nds Depart | ment of Children and F | amilies | | | | |
| | State Agency conta | acted? Yes | | | | | | | |
| | • | | for Final Voca | 2004 2005 | | | | | |
| о. | Amount of the Non | recurring Request | Tor Fiscal Year A | 2024-2025 | | | | | |
| | Type of Funding | | | Amo | | | | | |
| | Operations | | | | 742,700 | | | | |
| | Fixed Capital Outlag | | | | 0 | | | | |
| | Total State Funds | Requested | | | 742,700 | | | | |
| 7. | Total Project Cost | for Fiscal Year 202 | 4-2025 (includin | g matching funds ava | ilable for this proje | ct) | | | |
| | Type of Funding | | | Amount | Percentage | | | | |
| | Total State Funds Requested (from question #6) | | | 742,700 | 49% | | | | |
| | Matching Funds | | | | | | | | |
| | Federal | | | 365,000 | 25% | | | | |
| | State (excluding the | amount of this requ | iest) | 0 | 0% | | | | |
| | Local | | | 200,500 | 14% | | | | |
| | Other | | | 175,000 | 12% | | | | |
| | Total Project Cost | s for Fiscal Year 20 | 24-2025 | 1,483,200 | 100% | | | | |
| 8. | Has this project pr | eviously received s | state funding? | Yes | | | | | |
| | Fiscal Year | Amo | ount | Specific | Vetoed | | | | |
| | (уууу-уу) | Recurring | Nonrecurring | A | | | | | |
| | 2023-24 | 0 | 742,7 | 00 378 | No | | | | |
| 9. | 9. Is future funding likely to be requested? | | | | | | | | |
| | a. If yes, indicate nonrecurring amount per year. 742,700 | | | | | | | | |
| | b. Describe the source of funding that can be used in lieu of state funding. | | | | | | | | |
| | Private funding. | | | | | | | | |
| 10 |). Has the entity rec | uesting this projec | ct received any f | ederal assistance rela | ated to the COVID-1 | 9 pandemic? | | | |



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| No | | | | | | |
|---------------|---|--|--|--|--|--|
| If yes, indic | 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 Cons | truction | | | | | | | | |
|--------------------|---|------------------------|-------|--|-------------------|-------------------|--|--|--|
| a. What is the c | urrent phase of t | he project? | | | | | | | |
| Planning | O Design | Construction | O N/A | | | | | | |
| b. Is the project | b. Is the project "shovel ready" (i.e permitted)? | | | | | | | | |
| c. What is the es | c. What is the estimated start date of construction? | | | | | | | | |
| d. What is the e | d. What is the estimated completion date of construction? | | | | | | | | |
| | | o receive, directly or | | | pital outlay fund | ling. Include the | | | |

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 | Teacher - 1 FTE \$50,000 Program Director - 2 FTE \$110,000 Therapist - 2 FTE \$130,000 Marine, Construction, HVAC, Welding, Plumbing Vocational Tranining Instructor - \$275,000 Benefits, payroll taxes, and benefits - \$84,750 | 649,750 |
| Expense/Equipment/Travel/Supplies/ Other | Online educational platform, 23 high school dropout students - \$24,000 Computers for HS dropout students - 10 - \$7,500 Food - average 6 months of food, 4 lunches/week - \$12,000 HS Educational Supplies - \$5,000 Transportation for HS dropout students - \$10,000 | 92,950 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| Total State Funds Requested (m | ust equal total from question #6) | 742,700 |



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14. Program Performance

- a. What specific purpose or goal will be achieved by the funds requested?
- a. At risk teens (14-21 years old) receive mental health care. Tested weekly for substance abuse. If fail 3X, based on the standard of care, referral will be made to an inpatient program. 70% will graduate substance free.
- b. 65% of referrals from the criminal justice system will not reoffend.
- c. 70% of high school dropouts will graduate with an accredited diploma.
- d 70% of graduates employed, enlsited in militaryor enrolled in post-secondary educatino within 1 year.
- b. What activities and services will be provided to meet the intended purpose of these funds?

Purchase supplies and equipment for vocatoinal training.

Mental Health therapy.

Vocational training.

Substance Abuse Treatment and workshops.

Life skiils workshops.

Job Training. High School Diploma program for dropouts.

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

Transportation to and from the program.

Access to Mental Health Clinicians. Case Managers and Substance Abuse Experts.

Vocational job training.

One-on-one tutoring while pursuing a high school diploma; Mentoring in life skills; Job training and work readiness preparation; Wraparound services.

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

Persons with poor mental health Persons with poor physical health Jobless persons Economically disadvantaged persons At-risk youth Homeléss

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

IMPROVE MENTAL HEALTH-70% improved Mental Health Indicators at or above the industry standard improvement. Individual and group therapy during entire program.

Methodology-Children's Functional Assessment Rating Scale Pre/Post Test-Adverse Childhood Experience.

Attendance tracking, Substance Use Inventory, drug testing, treatment planning. IMPROVE QUALITY OF EDUCATION: 70% of high school dropouts will graduate with their diploma.

Methodology-Penn Foster on-line high school curriculum.

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?

A 10% cut every month if deliverables are not met. Within 3 months, a remedial plan will be created and executed.

| 15 | 5. R | eauester | Contact | Informa | atior |
|----|------|----------|---------|---------|-------|
|----|------|----------|---------|---------|-------|

| a. First Name | Bob | Last Name | Zaccheo |
|-------------------|---------------------|-----------|---------|
| b. Organization | Project LIFT, Inc. | | |
| c. E-mail Address | Bob@projectlift.org | | |
| d. Phone Number | (772)221-2244 | Ext. | |

16. Recipient Contact Information



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| | a. Organization Project LIFT, Inc. | | | | | | | | |
|-----|------------------------------------|-----------------------------|--------------|-----------|---------|--|--|--|--|
| | b. Municipality and | I County | Saint Lucie | | | | | | |
| | c. Organization Type | | | | | | | | |
| | □For Profit Entity | | | | | | | | |
| | ☑Non Profit 501(c | 2)(3) | | | | | | | |
| | □Non Profit 501(c | :)(4) | | | | | | | |
| | □Local Entity | | | | | | | | |
| | □University or College | | | | | | | | |
| | □Other (please specify) | | | | | | | | |
| | d. First Name | Bob | | Last Name | Zaccheo | | | | |
| | e. E-mail Address | bob@pro | jectlift.org | | | | | | |
| | f. Phone Number | (772)221 | -2244 | | | | | | |
| 17. | 17. Lobbyist Contact Information | | | | | | | | |
| | a. Name | Nicholas V. Iarossi | | | | | | | |
| | b. Firm Name | Capital City Consulting LLC | | | | | | | |
| | c. E-mail Address | nick@cccfla.com | | | | | | | |
| | d. Phone Number | (850)222-9075 | | | | | | | |