



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3661

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project will enhance youth mental health services, ensuring youth have access to vital mental health resources, support, and education, ultimately fostering improved mental wellness and resilience among young individuals in the community. This includes mental health education, counseling, crisis intervention, and resource coordination for youth, parents, and educators. Other direct services include crisis support and providing referrals for mental health resources to gain immediate and long-term wellbeing.

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	1,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,000,000</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)	1,000,000	20%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	4,000,000	80%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>5,000,000</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?



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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    
  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	Executive Director	10,000
Other Salary and Benefits	Administrative support	10,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Project Director, Fiscal Operations, Project Staff	100,000
Expense/Equipment/Travel/Supplies/Other	Community Meeting Space Rentals, Meeting Amenities, Youth Technology, Capital Youth Wellness Facility Improvements	350,000
Consultants/Contracted Services/Study	Localized Youth Mental Health Research, Community Collaboration/Strategic Planning Facilitation, Pilot Program Implementation with Youth Development Providers, Program Evaluation	530,000
<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>1,000,000</b>

**14. Program Performance**

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



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Increase the number of children that report being able to recognize symptoms of mental health distress, increase youth knowledge of mental wellness and self-regulation strategies, and utilization of mental health support resources. This will be achieved through mental health education, counseling, crisis intervention, and resource coordination for youth, parents, and educators. Other direct services include crisis support and providing referrals to mental health resources to provide immediate and long-term wellbeing.

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

Mental health education, counseling, crisis intervention, and resource coordination for youth, parents, and educators. Other direct services include crisis support and providing referrals to mental health resources for immediate and long-term wellbeing.

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

Mental health education, counseling, crisis intervention, and resource coordination for youth, parents, and educators. Other direct services include crisis support and providing referrals to mental health resources for immediate and long-term wellbeing.

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

At-risk youth, children with poor mental health, grade school students, high school students, and university/college students.

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

Increase the number of children that report being able to recognize symptoms of mental health distress, increase youth knowledge of mental wellness and self-regulation strategies, and utilization of mental health support resources. This will be achieved through mental health education, counseling, crisis intervention, and resource coordination for youth, parents, and educators. Other direct services that will be provided include crisis support and referring to mental health resource for immediate and long-term wellbeing. Tampa Bay Thrives will conduct a quantitative analysis of pre- and post-intervention data, surveys, and tracking of the frequency of the utilization of support services among youth in the Tampa Bay region, which includes Pinellas, Pasco, Hillsborough, and Polk counties.

**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?**

Funds will be returned to the state.

**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)



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- 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**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**