



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3081

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

We aim to serve 150 individuals with mental health disorders and substance abuse issues, improving their quality of life addressing service gaps. Research indicates community violence causes trauma in children, prompting the need for mental well-being services for the low-to-moderate income, at-risk community. By collaborating with medical institutions, such as Memorial Health Systems, we can work together to address case management, behavioral health services, in-home counseling, parent support groups, youth development groups, etc. Referrals will also be included.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	400,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	150,000	378	Yes

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	By collaborating with medical institutions, we will provide case management, behavioral health services, in-home counseling, parent support groups, youth development. The program will offer parenting skills, family management, mobile case management, and solution focused brief therapy.	400,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		400,000

13. Program Performance

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

The City of West Park has a track record and anticipates serving 150 people. With support, youth and adults suffering from mental disorders and/or substance abuse issues can improve the quality of their lives. We can minimize service gaps for youth and adult populations who suffer from a variety of mental health issues. Research shows that violence in communities is resulting in traumatic experiences for children every day. Children learn to deal with community and school violence to protect themselves emotionally.

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



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The City of West Park intends to provide services that will promote mental well-being for its low-to-moderate income, at-risk community. By collaborating with medical institutions, such as Memorial Health Systems, we can work together to address case management, behavioral health services, in-home counseling, parent support groups, youth development groups, etc. Referrals will also be included.

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

By collaborating with medical institutions, such as Memorial Health Systems, we can work together to address case management, behavioral health services, in-home counseling, parent support groups, youth development groups, etc.

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

We have a proven track record and anticipate serving 150 people. With support, youth and adults suffering from mental health disorders and/or substance abuse issues can improve the quality of their lives. We can minimize service gaps for youth and adult populations who suffer from a variety of mental health issues. The City of West Park intends to provide services that will promote mental wellbeing for its low-to-moderate income, at-risk community. Referrals will also be included.

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

The community will have access to information about the program. Moreover, intake forms will provide initial needs assessments to provide services and links to resources and supportive services. Through reports and surveys, the participants will have healthier coping skills for stress, emotions, and will participate in community engagement. Families and individuals will have a positive reaction to receiving links and case management services.

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 in the contract?

The contract will have standard compliance language for timely deliverables and performance measures.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:



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16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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 **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name



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c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.