



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 2396

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The program will advance the implementation of a preventive mental health wellness initiative for Jacksonville’s Historic Eastside community (HEC). The program will target representative HEC households with community interventions that promote mental health through education about early detection and wellness. Services will be differentiated for the unique needs of HEC elderly, families, and youth to raise awareness of, and decrease, mental health risk factors.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operating                          | 273,025        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>273,025</b> |

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

| Type of Funding                                      | Amount         | Percentage  |
|--|----------------|-------------|
| Total State Funds Requested (from question #6)       | 273,025        | 100%        |
| <b>Matching Funds</b>                                |                |             |
| Federal  | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local  | 0              | 0%          |
| Other  | 0              | 0%          |
| <b>Total Project Costs for Fiscal Year 2026-2027</b> | <b>273,025</b> | <b>100%</b> |

8. Has this project previously received state funding?

If yes, provide the most recent instance:

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2025-26                  |           | 200,000      | 363                         | 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.

None.

**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         |
|--|---|----------------|
| <b>Administrative Costs:</b>   |   |                |
| Executive Director/Project Head Salary and Benefits                    | Executive Director/Project Lead; 25% time, salary with benefits, 18.17% of total funds requested)   | 49,500         |
| Other Salary and Benefits  |   | 0              |
| Expense/Equipment/Travel/Supplies/Other                                | Computer/laptop, software, equipment and data storage, secure network   | 1,750          |
| Consultants/Contracted Services/Study                                  |   | 0              |
| <b>Operational Costs</b>   |   |                |
| Salary and Benefits  | Key operational personnel to plan, coordinate, and implement the program components specific to administration (Office Manager), HEC household engagement (Case Manager), youth mentoring and wellness (Family-Youth Mentor), community health education (Health Educator), and fiscal management (Bookkeeper and Accountant); includes staff salary and benefit costs.                           | 124,400        |
| Expense/Equipment/Travel/Supplies/Other                                | Costs for general liability insurance, community 15 passenger van, 6-8 seater golf cart for community outreach/transportation, staff conference travel, professional development/continuing education, HEC youth college visit support, office computer/software/data storage/secure network, tablets/iPads for community workshops, facilities/utilities, community workshop supplies/equipment. | 72,875         |
| Consultants/Contracted Services/Study                                  | Content experts/trainers and part-time IT/Marketing consultants   | 24,500         |
| <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>273,025</b> |



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**13. Program Performance**

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

The specific goal accomplished by these services is to strengthen the mental health and emotional well-being of residents in urban communities by increasing early identification of mental health needs, expanding access to timely support and crisis intervention, and building a coordinated, community-based network that improves awareness, reduces stigma, and enhances collaboration between residents and the professionals who serve them.

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

Key services 1) education/awareness of mental health risk factors for urban community contexts 2) increase residents' screening/early detection of mental health issues 3) increase access to counseling/crisis intervention services, and 4) improve collaboration between residents and educators/healthcare providers/community leaders who provide mental health and related services to communities.

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

Monthly workshops/seminars on mental health (MH) awareness/help-seeking that emphasize self-advocacy and community networking; regular MH screenings collaboration with schools/community agencies/healthcare providers; trainings on locating and accessing counseling services; group support counseling; continuing education that engages households as partners in improving community wellness/outcomes

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

The target population for this project includes elderly persons, individuals experiencing poor mental health, economically disadvantaged residents, at-risk youth, people experiencing homelessness, and students across grade school, high school, and college settings.

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

The expected benefits of this project include improved mental health, enhanced physical well-being, enriched cultural experiences that strengthen community identity, and improvements in the quality of education through increased awareness, access to resources, and coordinated support systems and diversion from Criminal/Juvenile Justice System

**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?**

Suggested penalties the contracting agency may consider, in addition to its standard penalties, include withholding a percentage of payments until missed deliverables are met, requiring the contractor to submit a corrective action plan, or reducing future funding if performance issues persist. The agency may also suspend new work orders, place the contractor on probation with increased monitoring, or require reimbursement of costs incurred due to delays or non-performance. If necessary, the agency may modify or partially terminate portions of the contract, and in cases of repeated or significant failure to meet requirements, may terminate the contract for cause.

**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?**



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- 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:

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



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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

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.*