



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2619

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Increase the number of Residential level II and IV licensed beds available for the treatment of severe Opioid Use Disorder for individuals residing in Circuit 2. Construct up to 12 new independent recovery homes to provide Recovery Support Services which will allow recovery housing that integrates medication with other support services.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	1,700,000
<b>Total State Funds Requested</b>	<b>2,000,000</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)	2,000,000	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 2024-2025</b>	<b>2,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes  No

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  Yes  No

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?**

Yes  No

**If yes, indicate the amount of funds received and what the funds were used for.**



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PPP program. Payroll expenses only. Loan forgiven within same year as requested (2020).

## 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)?

No

c. What is the estimated start date of construction?

4-1-2024

d. What is the estimated completion date of construction?

4-1-2026

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.

Woodville Properties is the owner of the current location. It is a not-for profit sub-corporation of DISC Village Inc. which holds 501c3 status. Woodville properties' primary function is to provide facilities to be used by DISC Village, Inc. to offer their services. Woodville properties also leases other properties that provide similar social services.

### 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		0
Other Salary and Benefits	Finance Department support staff to manage and track legislative funds according to project guidelines.	75,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Construction Department and crew for development and oversight of project implementation and build-out.	225,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Renovating current facilities to expand capacity of licensed level II treatment beds up to 24 units and licensed level IV treatment beds up to 16. Constructing new independent recovery homes up to 12.	1,700,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 14. Program Performance

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

Increasing available Residential treatment capacity in level II & IV. Developing Independent Recovery homes for individuals and families transitioning out of treatment back into the rural communities.

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



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Renovation of existing facilities to increase capacity to serve more individuals in both level II & IV of care. Begin the process of developing recovery homes that will provide recovery housing that will integrate medication with other support services.

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

Renovating current facilities to expand capacity of licensed level II treatment beds up to 24 units and licensed level IV treatment beds up to 16. Constructing new independent recovery homes up to 12.

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

Individuals diagnosed with Opioid Use Disorder, or other Substance Use Disorders who may be at risk of involvement in the criminal justice, child welfare, or residing in, but not limited to, the Second Judicial Circuit of Florida.

**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 residential Level II beds available up to 24.  
 Increase the number of residential Level IV beds available up to 16.  
 Increase the number of Independent Recovery homes up to 12.  
 Count number of available beds, by licensed level of care, prior to the project and after the project completes and measure the number increased.

**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?**

Complete Corrective Action Plan set by the Department and reduction of funds.

**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)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**



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e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number