



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1207

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

Facility renovation of Residential Substance Abuse Treatment Facility for adolescents. Scope of work to include expansion of medical/nursing offices, therapeutic delivery space, installation of food storage shed, exterior painting, installation of cameras and fencing for security and renovation of bathrooms. Renovations will allow IMPOWER to expand and enhance service delivery for and provide safe therapeutic environment for youth ages 13 to 17 as they move through treatment and recovery.

5. State Agency to receive requested funds

State Agency contacted?  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	600,000
<b>Total State Funds Requested</b>	<b>600,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	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 2023-2024</b>	<b>600,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23		450,000	381C	No

9. Is future funding likely to be requested?  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



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

Agency was granted \$1,236,736 in PPP funds to cover salary, benefit, and utility expenses

## 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

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

06/01/2023

d. What is the estimated completion date of construction?

12/01/2024

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.

IMPOWER, Inc.

### 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Scope of work to include remodeling of teen residential treatment program for substance abuse to include installation of food storage shed, exterior painting, expansion of nursing/medical offices and therapeutic delivery space, installation and remodel of bathrooms to provide safe and therapeutic environment.	600,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>600,000</b>

### 14. Program Performance

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

Provide a safe and therapeutic living environment for youth as they move through the treatment and recovery process and expand services for teens and their families struggling with substance use disorders.

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



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Added level of care, safer and more comfortable living environment for clients in the residential treatment program.

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

Added level of care, safer and more comfortable living environment for clients in the residential treatment program.

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

Florida male and female adolescents between 13 and 18 years of age who meet criteria for residential substance abuse treatment because they are addicted to one or more of the following: opioids, benozs, methamphetamine, (crack) cocaine, cannabis, and alcohol among others.

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

Funding will assist The Grove to expand levels of care (treatment) to a greater number of youth and strengthen the programs' holistic approach in helping youth struggling with chemical dependency to build a foundation for long-term recovery and wellness. Outcomes will include sustained health and sobriety in youth who graduate the program and will be measured by percent of youth who successfully complete the treatment program and percent of youth who remain sober 1 year post-discharge.

**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?**

Action would be taken with staff and management if performance measures were not properly tracked, collected and reported as instructed. The Grove is confident that through the use of its evidenced-based practice models, outcomes would remain strong. If this is not the case, there would be no future legislative funding for IMPOWER/The Grove.

**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