



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3031

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

David Lawrence Center (DLC) requests non-recurring capital funding to construct an 18,000 square foot recovery residence to house 24 individuals in early recovery from addiction to alcohol and other drugs. Hope Home will be a two-story structure that includes 24 warm and inviting resident apartments, and 1 senior resident apartment on each floor. The design includes indoor and exterior meal preparation areas, laundry, and common areas for living, recreation, study, and group interaction. The grounds will be designed for recreation, gardening, and reflection. Hope Home will offer a home-like and comfortable environment that supports wellness, safety, and recovery. Total cost of this shovel-ready project is \$6 million, including \$500k for site development, \$4.55 million for construction, furnishings, fixtures, and equipment, and \$938k for permitting, fees, and contingencies. DLC has secured private funding to provide a 1:1 match for the \$3 million in state funds requested.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	3,000,000
Total State Funds Requested	3,000,000

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)	3,000,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	3,000,000	50%
Total Project Costs for Fiscal Year 2023-2024	6,000,000	100%

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.

This request is for one time funds to construct Hope Home. Again, note that 50% of construction costs have been obtained through the philanthropy of a private donor.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

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

FY 21-22 - \$18,624 ARPA Rural and \$430,142 in Provider Relief Phase 4 for staff wages, hardware/software to support remote work, cleaning
 FY 20-21 - \$61,765 in FFCRA by reduction in payroll taxes for wages paid to staff.
 FY 19-20 - Provider relief funds - \$441,538 for technology, PPE, cleaning, contract labor.

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)?

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.

The facility owner will be David Lawrence Center, Inc. , a Florida 501(c)3 non-profit organization governed by a volunteer board of directors. In reference to question 11 above, the land for the project has been secured, site and construction plans prepared, matching funds secured. Permitting is not yet complete.

13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Total cost of this shovel-ready project is \$6 million, including \$500k for site development, \$4.55 million for construction, furnishings, fixtures, and equipment, and \$938k for permitting, fees, and contingencies. DLC has secured private funding to provide a 1:1 match for the \$3 million in state funds requested.	3,000,000
Total State Funds Requested (must equal total from question #6)		3,000,000



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14. Program Performance

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

Hope Home will operate as a recovery residence for individuals in continuing recovery following primary treatment for a substance use disorder. Recovery residences are sober living environments, meaning that residents are expected to abstain from alcohol, illegal drug use, and the misuse of prescribed medications, over-the-counter medications, or other mind-altering substances. Some residences require abstinence from particular types of medications according to individual policy. Hope Home does support medication-assisted treatment (MAT).

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

The primary activities and services Hope Home residents will receive include housing and access within walking distance to continuing substance abuse counseling and psychiatric services. Case management, and peer support will be provided on site.. Hope Home residents will demonstrate accountability in recovery through regular, random drug and alcohol testing, completion of daily housekeeping chores and participation in house meetings. Assistance will be provided in accessing employment, educational/vocational opportunities, medical services, and securing any entitlements for which they may be eligible.

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

Hope Home will increase community access to recovery residences. Safe, stable housing with regular monitoring to support continued sobriety is a very limited, yet very necessary resource for persons in early recovery who are either homeless or otherwise unable to secure safe housing that will support and reinforce their efforts to recover from drug dependence and re-establish housing, employment and a supportive community of friends and acquaintances.

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

The target population includes individuals who have completed a course of treatment at DLC following diagnosis of abuse or dependence of alcohol or other drugs. Hope Home will provide an initial residence for persons in early recovery. The average length of stay is anticipated to be 9 months. 40 - 45 individuals will be served annually. Following construction, Hope Home will operate in perpetuity.

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

Hope Home outcomes include: 1) Successful transition from primary addiction treatment to continuing recovery in Hope Home; 2) Subsequent successful transition from Hope Home to independent housing in the community; 3) Securing of employment or entitlements necessary for continuing recovery in the community; and 4) Continuing sobriety, improved health, employment, economic security, and avoidance of behaviors leading to arrest/incarceration following completion of Hope Home residence. Each of the four outcomes will be measured and reported using a combination of standardized tools and participant surveys.

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?

Given that this a proposal for capital funding of the Hope Home, DLC would suggest that failure on its part to construct the facility and provide evidence that costs incurred in construction were equal to or greater than the amount appropriated would result in the repayment of any unexpended funds.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information



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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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number