



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2243

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	398,000
Fixed Capital Outlay	0
Total State Funds Requested	398,000

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)	398,000	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 2024-2025	398,000	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.

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

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



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\$2.8 million Payroll Protection Program (PPP) loan forgiveness received from the Small Business Association. No federal assistance has been obtained for this project.

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)?

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.

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	Includes two mental health counselors or therapists, one case manager and support personnel.	262,250
Expense/Equipment/Travel/Supplies/Other	Communication equipment, insurance, travel, recruitment, building and utilities expenses and supplies.	135,750
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		398,000

14. Program Performance

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

Provide outpatient evaluation and treatment services for persons with co-occurring mental health and substance abuse disorders.

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



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Provision of outpatient evaluation and treatment services for persons with co-occurring mental health and substance abuse disorders.

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

Outpatient mental health and substance abuse treatment services will be provided.

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

Residents with co-occurring mental health and substance abuse issues in Bay, Calhoun, Gulf, Holmes, Jackson and Washington Counties.

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

Provide outpatient evaluation and treatment services for persons with co-occurring mental health and substance abuse disorders. We will maintain data on numbers of persons served. Maintain data on days within the community on each person served. Maintain data on levels of functional impairment.

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?

Reduce funding or cancel contract.

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**
- e. **E-mail Address**
- f. **Phone Number**



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LFIR # 2243

17. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number