



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2541

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The central aim of this endeavor is to establish an all-encompassing and supportive ecosystem for those in recovery. It will encompass an array of features meticulously designed to cater to their specific needs. These encompass a robust resource hub, a vibrant community forum, and a data collection of recovery. The app holds the promise of directly aggregating data for over 8,000 certified beds in Florida, negating the need for third-party data collectors. This streamlined approach not only guarantees accuracy and efficiency but also endows FARR with direct, real-time insights into the dynamics of recovery residences, providing data that has the potential to be used for strategic decision-making and refining support.

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	400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>400,000</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)	400,000	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>400,000</b>	<b>100%</b>

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?



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

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Director Director of Certification Director of Operations	110,000
Other Salary and Benefits	Office Manager Field Manager Field Assessors West Coast Field Assessor	175,000
Expense/Equipment/Travel/Supplies/Other	Software Data Collection	33,600
Consultants/Contracted Services/Study	Data Analysis	21,400
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Training and Development Travel/Conference	60,000
Consultants/Contracted Services/Study		0
<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>400,000</b>

### 14. Program Performance

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



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Organizational structuring to build on our business model, process and procedures. Support our growth through staffing due to the increase in capacity, create company heirarchy and introduce new processes. Improve processes to meet customer needs. For example, increase workforce and improved software enhancement for data collection.

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

Software will be provided to residents living in sober living homes to measure their recovery capital.

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

The app holds the promise of directly aggregating data for over 8,000 certified beds in Florida, negating the need for third-party data collectors. This streamlined approach not only guarantees accuracy and efficiency but also endows FARR with direct, real-time insights into the dynamics of recovery residences. The potential leveraging data for strategic decision-making and refining support.

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

Persons with poor mental health; persons with poor physical health; jobless persons; economically disadvantaged persons; homeless; developmentally disabled; drug users (in health services); university/college students; currently or formerly incarcerated persons; drug offenders (in criminal justice); and victims of crime. >800 individuals are expected to be served.

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

The software will measure physical health, mental health, levels of education, individual criminal experiences, economic levels, reduction in recidivism, reduction in substance use, and reduction in criminal activities at specific benchmarks to see the improvement. We will use a series of questions at various benchmarks to measure the outcomes.

**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?**

Any inquiry and outcome shall be handled within the appropriate guidelines.

**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



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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**