



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2624

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Provide treatment in the currently available additional capacity of Residential Level II & IV licensed beds for the treatment of severe Opioid Use Disorder and Substance Use Disorder for individuals residing in, but not limited to, the Second Judicial Circuit.

5. State Agency to receive requested funds

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	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	1,000,000	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? Yes

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

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)?

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	Administrative support costs such as Finance, Human Resource, Quality Assurance, Training and Accreditation.	100,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Campus Director, Program Supervisor, Counselors and Therapeutic Assistants to supervise and staff 24/7, 365 Level II & IV licensed Residential Service.	680,000
Expense/Equipment/Travel/Supplies/Other	Office and facility supplies, curriculum, computers, phones, printers, and other items to support the therapeutic activities of the program.	220,000
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)		1,000,000

14. Program Performance

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

Provide treatment in the currently available additional capacity of Residential Level II & IV licensed beds for the treatment of severe Opioid Use Disorder and Substance Use Disorder for individuals residing in, but not limited to, the Second Judicial Circuit.

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



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Residential treatment service levels II & IV to treat Opioid Use Disorders and/or Substance Use Disorders.

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

Provide comprehensive residential services to individuals with Opioid Use Disorder (OUD) or Substance Use Disorder (SUD) including counseling, medical care, housing, transportation, job placement/training, and case management.

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 12.
 Increase the number of residential Level IV beds available up to 12
 Count number of total available beds, by licensed level of care, prior to the project and after the project completes and measure the number increased.
 Total number of successful completions of the program.

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

e. E-mail Address



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f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number