



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3389

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose of the funding is to improve the living environment of the Okaloosa County Pre-Trial Unit. The goals are to replace the current microwave-based meal preparation area with a functional kitchen, replace the soiled carpet with durable flooring, and paint the walls.

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	0
Fixed Capital Outlay	125,000
<b>Total State Funds Requested</b>	<b>125,000</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)	125,000	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>125,000</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?

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



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\$942,545 - Paycheck Protection Program, to retain staffing levels during the COVID-19 Pandemic.  
 \$122,860 - Cares Act General Distribution, to provide Medicare and Medicaid services during the COVID-10 pandemic.

## 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)?

No

c. What is the estimated start date of construction?

July 2024

d. What is the estimated completion date of construction?

June 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.

Bridgeway Center, a501(c)(3) Not-For-Profit Corporation managed by a volunteer Board of Trustees.

### 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	Replace the current meal preparation area with a functional kitchen, replace the soiled carpet with durable flooring, and paint the walls.	125,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>125,000</b>

### 14. Program Performance

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

Previously incarcerated Okaloosa citizens will learn to prepare a menu, shopping list and cook healthy meals safely and within their budget. The participants will practice cooking family sized meals which will increase their opportunities for employment in the culinary field which will decrease their dependence on state services and promote self-sufficiency.

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



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Culinary skills training to include menu planning, creating a shopping list, comparative shopping, cooking, kitchen health safety to include the importance of cleanliness and hand washing.

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

Culinary skills training to include menu planning, creating a shopping list, comparative shopping, cooking, kitchen health safety to include the importance of cleanliness and hand washing.

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

Previously incarcerated persons from the Okaloosa County Jail who are on condition of bond release. Persons with poor mental health, jobless persons, economically disadvantaged persons, homeless persons, drug offenders, and currently or formerly incarcerated persons. It is estimated that 60 individuals will be served annually.

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

Participants will learn to prepare healthy meals. Measured by: Participants can demonstrate competence preparing healthy meals. Increased skill competence increases self-esteem and overall mental health. Measured by: Participants will decrease frequency of episodes of decompensation requiring psychiatric hospitalization. Participants will learn skills to develop self-sufficiency to reduce likelihood of re-offending. Measured by: Participants will decrease frequency of behaviors which often lead to arrest and possible re-incarceration. Participants will be able to develop a food budget and meal prepare within that budget. Measured by: Participants will demonstrate competence with developing a personal budget for purchasing food for their consumption within their financial means. Participants will not experience re-arrest or incarceration within 6 months of successful completion of program. Measured by the Okaloosa County Pretrial Staff will provide arrest data.

**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?**

Return of the funding to the state.

**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



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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