



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1988

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

FRCO Respite Expansion Project - requesting funds for acquisition of a building in order to expand FRCO Respite Services in Broward County. Respite was created to fill a gap in services to help those suffering from substance use disorder who are uninsured and underserved; it is a non-medical detox. We currently are turning away close to 100 participants a month because we only have 20 beds. We need a larger space so we can help those who want help. Fentanyl fatal overdoses are on the rise --the numbers continue to climb-- and substance use disorder continues to kill our children, sisters, brothers, mothers, fathers, boyfriends, girlfriends, and other loved ones. This innovative resource; FRCO Respite is our defense against the barriers in our society to help those who are hopeless and helpless.

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	400,000
Fixed Capital Outlay	2,060,000
<b>Total State Funds Requested</b>	<b>2,460,000</b>

**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)	2,460,000	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 2023-2024</b>	<b>2,460,000</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.
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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

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.

Bldg 3990 Woodside Drive, Coral Springs, FL 33065

No direct relationship between the current facility owner and Fellowship Recovery Community Organization.

### 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	Equipment and supplies to include but not limited to beds, linens, toiletries, cleaning supplies, kitchen equipment, and other such necessities	400,000
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	Acquisition of and renovations to Bldg 3990 Woodside Drive, Coral Springs, FL 33065, in order to expand FRCO Respite to provide more services to the population in need of Broward County	2,060,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,460,000</b>

### 14. Program Performance

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



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Serve the underserved and uninsured persons suffering from Substance Use Disorders in Broward County, FRCO Respite is currently turning away close to 100 participants monthly who want services.

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

FRCO Respite provides a short-term safe place for anyone experiencing substance use disorder and/or homelessness to reside and get linked to appropriate life saving services

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

Participants are given a safe place to reside, three meals, in-person recovery support groups, linkage recovery support services; i.e.: mental health assessments, Medication Assisted Treatment induction programs, STI Testing and Treatment, inpatient recovery programs and /or outpatient programs and much more.

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

Target population includes persons who are unemployed, suffering from poor mental health, economically disadvantaged, substance use, currently or formerly incarcerated and substance use offenders.

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

Consumer safety. Stigma reduction. Reduce substance use. Reduce recidivism. Divert from the criminal justice system. By removing individuals with substance use disorders from homelessness environments and supporting their needs with crisis intervention, we can improve the communities' stigma towards substance use disorders and homelessness. By placing individuals with substance use disorder in a safe place, Broward County is able to provide proper linkage to recovery support services resulting in better outcomes and freeing up otherwise inundated resources and agencies like law enforcement and hospitals. Performance measures will be utilized through community surveys, readmission rates, number served, etc.

**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?**

Failure to utilize the funds in the method outlined in this report would result in return of funds 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



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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**