



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1474

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Statewide Drug Take Back Program would fund permanent, convenient collection receptacles (kiosks) to increase opportunities for Florida residents to dispose of their leftover medications in a secure manner. The program would entail installing 1,000 consumer medication collection kiosks at DEA-registered retail pharmacies and hospitals with pharmacies to help prevent diversion, misuse, and accidents, as well as help prevent water contamination. The collection sites would all be open to the public.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	2,750,000
Fixed Capital Outlay	0
Total State Funds Requested	2,750,000

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)	2,750,000	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 2023-2024	2,750,000	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.

Start-up costs are often the largest barrier for pharmacies to participate in year-round drug take back – especially for hospitals and independent pharmacies, which this program would target. The US Dept. of Justice awards a limited number of grants that could be used for drug take back, among other drug prevention and treatment strategies.

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



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No

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.

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		0
Expense/Equipment/Travel/Supplies/Other	Expenses include (1) purchase and delivery of 1,000 collection receptacles (kiosks); and (2) collection supplies (boxes, liners); treatment and disposal (shipping collected material to treatment facility, incineration).	2,750,000
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)		2,750,000

14. Program Performance

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

The funds will be used to increase the accessibility of collection locations where people can safely dispose of leftover medications. Drug take back programs are recognized as a key prevention strategy to help combat the opioid crisis.



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

Procurement will happen to find companies to set up kiosks and use the funds to purchase and install collection receptacles for individuals to drop off leftover medications and to cover the expenses for an estimated 6-12 months of collection, including collection supplies, shipping costs to send material to treatment facility, and treatment (incineration).

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

The addition of permanent collection locations will increase opportunities for citizens to conveniently and safely dispose of leftover medications to reduce the risk of accidental poisonings and misuse, as well as prevent water contamination. The collection sites will be at retail pharmacies and hospitals with pharmacies, all of which will be open to the public.

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

The program will target currently under-served areas, which may include rural communities, and will support elderly persons, persons with poor physical or mental health, economically disadvantaged persons, and others who may have difficulty traveling distances to existing collection locations. The collection sites will be open to the public and will potentially serve hundreds of thousands of people.

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

- (1) Protect the general public from harm
 - a. Increase access to secure disposal of post-consumer medications - Number of kiosks installed
 - b. Collection of post-consumer medications - Pounds of medication collected
- (2) Enable the collection of post-consumer controlled substances (Schedules II-V) to reduce the likelihood of diversion and misuse - Number of sites registering with the DEA as a Collector to participate in the program
- (3) Protect water quality by supporting more out-of-home post-consumer medication disposal rather than trashing or flushing medications - Pounds of medication treated via incineration

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?

Withholding or revocation of funding.

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) TBD (competitive)

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