



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1006

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Gilmore Outpatient expansion project is the second phase of a two phase project where the three current buildings on the campus will be adjoined to create a single health services complex. Interior and exterior renovations and modifications will occur including installation of a new roof, proper fire suppression, technology, security, electrical, HVAC, plumbing, and emergency generator systems. With the added space, we will be able to hire additional staff and accommodate up to 720 additional clients in the future to keep pace with community growth. Additionally, we will create a single point of access for the security of clients and staff.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	2,100,000
Total State Funds Requested	2,100,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,100,000	91%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	200,000	9%
Total Project Costs for Fiscal Year 2025-2026	2,300,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	2,500,000	387A	No

9. Is future-year 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.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1006

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. 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?

10/01/2025

d. What is the estimated completion date of construction?

12/31/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

Facility maintenance costs will be budgeted for as part of Peace River Center for Personal Development, Inc.'s annual operating budget. Ongoing operations on the Gilmore Campus will also be budgeted in the organization's annual operating budget.

11. 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.

Peace River Center for Personal Development, Inc. The facility owner is the same as the entity requesting support.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	This is the second phase of a two phase project where the three current buildings on the campus will be adjoined to create a single health services complex. Interior and exterior renovations and modifications will occur including installation of a new roof, proper fire suppression, technology, security, electrical, HVAC, plumbing, and emergency generator systems. This project also creates additional square footage to accommodate the growth of our community.	2,100,000
Total State Funds Requested (must equal total from question #6)		2,100,000

13. Program Performance

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1006

Increase the efficiency, security, and usability of the Gilmore Campus by improving continuity of care and enhancing the client experience of the 200+ individuals the location sees daily. We will create a single point of access for the security of clients and staff and will better serve clients through provision of outpatient therapy and medication management, primary health care, pharmacy services, care coordination, substance use disorder services, and assertive community treatment.

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

Peace River Center will renovate the Gilmore Campus to create more usable space to better serve clients including 12 additional offices, a community education room, lobby space, and three new registration stations. With the added space, we will be able to hire three to five additional licensed therapists and two bachelor's-level care coordinators to accommodate up to 720 additional clients in the future.

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

This project allows us to better serve clients through the provision of outpatient therapy and medication management, primary health care, pharmacy services, care coordination, substance use disorder services, assertive community treatment, as well as community education.

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

The majority of the funds requested will serve these target populations or groups: elderly persons, persons with mental illness, persons with poor physical health, economically disadvantaged persons, at-risk youth, homeless, persons with substance use disorders, victims of crime, and domestic violence and sexual assault victims. We anticipate serving more than 700 individuals from these target populations or groups.

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

Peace River Center (PRC) will improve the behavioral and physical health of individuals receiving outpatient services at the Gilmore Campus. The Gilmore Outpatient Expansion Project will increase usable space allowing for hiring additional staff and providing more services. Outcomes will be measured by tracking client scores from the PHQ-9 and PSC-17 assessments at admission, at intermittent points during care, and at discharge. Physical health outcomes will be documented on client records from the Wellness Clinic on the campus.

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 in the contract?

Failure to meet deliverables in this request would result in the return of funds.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1006

No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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**



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1006

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.