



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1085

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This project will improve the infrastructure of the kitchen for the Lightshare crisis emergency campus (Baker Act and Marchman Act receiving facility) to provide supportive employment. The intent of these supportive employment services is to provide a training ground for people currently in stable mental health and substance use treatment recovery. These clients need skills to work preventing them from entering cycles of chronic unemployment, and wages that may not support appropriate housing.

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	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</b>

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)	1,000,000	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 2025-2026</b>	<b>1,000,000</b>	<b>100%</b>

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		

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.**

fundraising, grants



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## 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?

07/30/2025

d. What is the estimated completion date of construction?

07/30/2026

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

For ongoing operations we currently have the services in place and deliver services 24/7 as Lightshare is the Baker Act (psychiatric crises) and Marchman Act (substance abuse) receiving facility for Sarasota County. The facility and infrastructure needed to deliver service, requested through this appropriations ask is a one time cost once complete.

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.

Lightshare Behavioral Wellness & Recovery owns the facility.

### 12. 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</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	Funds will be utilized to redo the infrastructure of the kitchen on the crisis emergency campus. Architectural and engineering planning have been completed as of December 2024, and permitting is currently in progress.	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

### 13. Program Performance

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



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

The facility enhancement will assist in provide skills to gain employment, live independently, and deliver ongoing support services through case management and other mental health and substance use disorder services There is value added to the community as it provides inclusion, competitive employment, impacting effects of other social determinants of health such as homelessness, joblessness, mental health instability. The facility provides services to help clients gain reasonable rates of pay, promote social integration, productivity and develop skills and abilities. The kitchen will have an integrated work setting. The training is supervised and provided by a reputable dietary service vendor. It will include coaching, and help be a bridge for support services for current and future employment opportunities.

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

The facility is a bridge for support services for current and future employment needs. The program will build and extend support with local agencies and partners to assist in maintaining employment, which provides stability for the client and the workplace. It will provide ongoing support services through case management, through medication assisted treatment programs, walk-in center services residential and other inpatient services. With behavioral health assessments, we can identify the specific immediate and longer term needs of each individual. A designated team of case managers, peer support staff, and medical professionals will provide care, treatment, and services to, when possible, avert the need for inpatient care, and assure that the most appropriate, least restrictive treatment is provided.

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

Persons in Sarasota County who suffer from mental health and substance use disorders; individuals experiencing a behavioral health crisis. It is anticipated the program will serve 2500 individuals per year.

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

Practical hands-on assistance will be provided to help people handle the necessity of daily living and assist them in the recovery process. The program is designed to offer opportunities to help clients who are motivated to develop career driven talent and enter the local workforce. Vocational skills will help them live independently, gain employment, and deliver ongoing support services through case management and other mental health and substance use disorder services The intent of these services is to provide a supportive employment training ground for people currently in stable mental health and substance use treatment recovery. These clients need skills to work preventing them from entering cycles of chronic unemployment, wages that may not support appropriate housing.

**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?**

Standard penalties.

**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?**



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- Yes, Applied
- Yes, Received
- No
- 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



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University or College

Other (please specify)

d. First Name  Last Name

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.*