



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1198

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

**4. Project/Program Description**

Here's Help is the only publicly funded agency providing residential substance abuse treatment services to adolescents in Miami-Dade County. The funding helps to meet community demand for these services. Here's Help has a long track record of successful treatment outcomes. Here's Help has been very successful in transitioning the lives of those that have been treated; from having low self-esteem, habitual school issues and involvement in the criminal justice system, to becoming productive citizens.

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	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</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)	250,000	44%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	200,000	34%
Local	0	0%
Other	130,000	22%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>580,000</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		
2024-25	200,000	250,000	377	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.

Private fundraising efforts, which have decreased significantly in this economy.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**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)?**

**c. What is the estimated start date of construction?**

**d. What is the estimated completion date of construction?**

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

**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.**

**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	Residential therapists and milieu	250,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

**13. Program Performance**

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

Individuals with substance abuse and co-occurring disorders have been diverted from a life of criminal justice involvement to leading a drug free life, continuing their education, and becoming a productive citizen.

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

Individual, group and family therapy sessions, as well as educational / vocational courses that enhance the individual's ability to be a confident, well- adjusted and skilled person.

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



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Residential substance abuse treatment services.

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

Residential adolescents and adults with substance abuse and co-occurring issues. Most are criminal justice referrals. About 100 residential clients are served annually in the residential program.

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

I had 70% if the persons served will positively complete the program and 90% enrolled in school at discharge. Successful completion is determined by a person served being 100% drug-free and completed 75% of their treatment goals.

**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?**

Proportionate funding suspended.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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
- 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



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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

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.*