

**LFIR # 1207** 

1.	Project Title	Florida Association	n of Recove	ry Resi	dences Inc			
2.	Senate Sponsor	Gayle Harrell						
3.	Date of Request	2/10/2025						
4.	Project/Program De	escription						
	in recovery. Since incommunity engagem resource hub implem infrastructure that en new certification data recovery residences.	ception in FY24, sign nent and streamlining nented to further enha	ificant progr data collect ance real-tin egrity in reco provide real amline the ce	ess ha tion pro ne insigovery h -time a ertificati	s been made in enhocesses. FARR's focestes. FARR's foce the support data drousing. To further electes to accreditation process, improvess, improvess.	ancing access to visus remains on opti- riven decision making inhance these effort on and compliance transparency and	ng and strengthen the ts, we seek to develop a data for certified allow stakeholders.	
5.	State Agency to rec	ceive requested fund	d <b>s</b> Dep	oartme	nt of Children and Fa	amilies		
	State Agency conta	-						
		ecurring Request fo	or Fiscal Ye	ar 202	5-2026			
	Type of Funding				Amo	unt	]	
	Operating				7	500,000		
	Fixed Capital Outlay					0	1	
	Total State Funds F				500,000			
	7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)							
7.	Total Project Cost fo	or Fiscal Year 2025-	<b>2026</b> (inclu	ding m	natching funds ava	ilable for this proj	ect)	
7.	Total Project Cost fo	or Fiscal Year 2025-	2026 (inclu	ding m	natching funds ava	ilable for this proj	ect)	
7.	Type of Funding	or Fiscal Year 2025- equested (from quest	`	ding m			]	
7.	Type of Funding		`	ding m	Amount	Percentage	]	
7.	Type of Funding Total State Funds Re		`	ding m	Amount	Percentage		
7.	Type of Funding Total State Funds Re Matching Funds Federal		tion #6)	ding m	Amount 500,000	Percentage 100%		
7.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from quest	tion #6)	ding m	Amount 500,000 0 0	Percentage 100% 0% 0% 0%		
7.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the	equested (from quest	tion #6)	ding m	Amount 500,000	Percentage 100% 0% 0%		
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other	equested (from quest	tion #6)	ding m	Amount 500,000 0 0	Percentage 100% 0% 0% 0%		
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	equested (from quest amount of this reque	st) 5-2026 ate funding		Amount 500,000 0 0 0	Percentage 100% 0% 0% 0% 0%		
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	equested (from quest amount of this request for Fiscal Year 202	st)  5-2026  ate funding e:	? [	Amount 500,000 0 0 0 500,000	Percentage 100% 0% 0% 0% 0%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r	amount of this requestoriously received stances amount of the recent instance.	st)  5-2026  ate funding e:  Int  Nonrecurr	? [	Amount 500,000  0 0 0 500,000  7es	Percentage  100%  0%  0%  0%  0%  100%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy) 2024-25	amount of this requested for Fiscal Year 202 eviously received stances are continuous amount of this requester for Fiscal Year 202 eviously received stances amount of this requester for Fiscal Year 202 eviously received stances amount of this requester for Fiscal Year 202 eviously received stances amount of this requester for Fiscal Year 202 eviously received stances are considered amount of this requester for Fiscal Year 202 eviously received stances are considered amount of this requester for Fiscal Year 202 eviously received stances are considered amount of this requester for Fiscal Year 202 eviously received stances are considered amount of this requester for Fiscal Year 202 eviously received stances are considered as a final Year 202 eviously received stances are considered as a final Year 202 eviously received stances are considered as a final Year 202 eviously received stances are considered as a final Year 202 eviously received stances are considered as a final Year 202 eviously received stances are considered as a final Year 202 eviously received and the final Year 202 eviously	st)  5-2026  ate funding e: Int Nonrecurr 40	? [ing 0,000]	Amount 500,000  0 0 0 500,000  Yes  Specific Appropriation #	Percentage  100%  0%  0%  0%  0%  100%  Vetoed		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy) 2024-25 Is future-year funding	amount of this requested (from quested amount of this requested for Fiscal Year 202) eviously received stanost recent instance Amount Recurring	stion #6)  5-2026  ate funding e:  nt  Nonrecurr  40  ested?	ing 0,000	Amount 500,000  0 0 0 500,000  Yes  Specific Appropriation #	Percentage  100%  0%  0%  0%  0%  100%  Vetoed		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy) 2024-25 Is future-year funding a. If yes, indicate no	equested (from quest amount of this requested) for Fiscal Year 202 eviously received statement instance  Amount Amount Amount Recurring  0	st)  5-2026  ate funding e: nt  Nonrecurr 40 ested?	ing 0,000	Amount 500,000  0 0 0 500,000  500,000  Yes  Specific Appropriation # 377  Yes 400,000	Percentage  100%  0% 0% 0% 0% 100%  Vetoed		



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

Status of Const						
. What is the cu	urrent phase of t	he project?				
O Planning	O Design	Construction	O N/A			
. Is the project	"shovel ready" (	(i.e permitted)?				
. What is the es	stimated start da	ate of construction?				
I. What is the es	stimated comple	etion date of construc	ction?			
. What funding	stream will be u	ised for ongoing ope	rations a	nd maintenan	ce of the project?	
		o receive, directly or			pital outlay fundin	ng. Include th
relationship be	tween the owne	ers of the facility and	the entity	4		

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project Director	106,250
Other Salary and Benefits	Business Development Director	79,200
Expense/Equipment/Travel/Supplies/ Other	Building Occupancy \$26,250 Travel & Training & Business Devel. Expenses \$8,500 Operating Supplies & Expenses \$1.800 Indirect Fee \$50,000	86,550
Consultants/Contracted Services/Study	Recovery Capital Index Subcontractor \$40,000 Hanley Study \$25,000 Oversight & Database Portal Provider \$100,000 IT Technology Services \$27,000 Education/Outreach/AV \$36,000	228,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	500,000

### 13. Program Performance

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



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### The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

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This funding will enable FARR to scale operations, enhance technological capabilities and sustain high-quality recovery housing oversight across Florida. The requested funds will support FARR's continued growth by enhancing organizational capacity, improving data collection, developing the certification database portal to streamline accreditation and compliance tracking. The funds will specifically enhance the data collection and software to support improved tracking and reporting over the certified providers through upgraded software and streamlined processes. They will develop a certification database portal to provide real-time access to accreditation data, improving transparency, efficiency and stakeholder access. In addition, strengthen workflow efficiency, improve service delivery and better meet the needs of recovery residences.

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

Outreach and training sessions will be conducted across all regions to enhance provider engagement and support. Recovery residences will be equipped with software to measure recovery capital and access a real-time data dashboard. The data collection app, managed by the sub-contractor, will use a streamlined approach to ensure greater accuracy and efficiency while providing FARR with direct, real-time insights into the dynamics of recovery residences. This data will be instrumental in strategic decision-making, optimizing support services, and improving overall recovery outcomes.

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

The appropriation project will provide direct services to recovery residences and their residents by equipping them with software to measure recovery capital and access a real-time data dashboard for resident tracking. Use of the Recovery Capital Index app will be required to enhance accountability and support long-term recovery outcomes. Additionally, comprehensive training on the recovery capital Index app will be provided to both providers and residents, ensuring effective utilization of the tool. Through FARR's ongoing development, education, and outreach efforts, the project will also expand the number of certified recovery residences, increasing access to safe, supportive, and stable housing. With FARR's oversight, this initiative will reinforce quality standards and improve recovery outcomes for individuals across Florida.

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

Persons with poor mental health; persons with poor physical health; jobless persons; economically disadvantaged persons; homeless; developmentally disabled; drug users (in health services); university/college students; currently or formerly incarcerated persons; drug offenders (in criminal justice); and victims of crime. >800 individuals are expected to be served. - 250 providers w approximately 8,000 residents are expected to be supported.

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

This project will improve recovery outcomes by tracking key indicators such as physical and mental health, education, economic stability, and reductions in recidivism, substance use, and criminal activity. Outcomes will be measured through structured assessments at specific benchmarks. Additionally, the certification database portal will enhance oversight by streamlining accreditation and compliance tracking in real time. Its effectiveness will be measured by the number of certified providers, accreditation efficiency, and user engagement. Together, these efforts will strengthen recovery housing, improve accountability, and support long-term recovery success across Florida.

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?

Α	All inquiries and outcomes will be handled per contractual guidelines.					
4. Is 1	. 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)					

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

Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)



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5. Has the entity app	olied for or received federal assistance for this project?	
☐ Yes, Applied		
☐ Yes, Received		
□ No		
☐ No, but intends t	o apply	
a. If yes, provide th	ne FEMA project worksheet ID#:	
b. Provide the total	I project cost listed on the FEMA project worksheet:	
6. Has the entity app	olied for or received state assistance for this project (other than this	request)?
☐ Yes, Applied		
☐ Yes, Received		
□ No		
☐ No, but intends t	to apply	
		las I see Beneda
a. If yes, specify the Commerce):	e program and state agency (ex. Local Government Emergency Brid	age Loan, Departm
7. Requester Contac	t Information	
a. First Name	Michael Last Name Schlossman	
b. Organization	Florida Association of Recovery Residences Inc	
c. E-mail Address	michael@farronline.org	
d. Phone Number	(561)299-0405 <b>Ext.</b> 109	
-	Information	
8. Recipient Contact a. Organization		
-	Information Florida Association of Recovery Residences Inc	
-	Information Florida Association of Recovery Residences Inc  d County  Statewide	
a. Organization b. Municipality and	Information Florida Association of Recovery Residences Inc d County Statewide	



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□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity	□Local Entity					
□University or Co	□University or College					
□Other (please sp	□Other (please specify)					
d. First Name	Angie	Last Name	Sweeney			
e. E-mail Address	il Address angie@farronline.org					
f. Phone Number	(561)299-0405	Ext.				
19. Lobbyist Contact Information						
a. Name	Heather L. Turnbull					
b. Firm Name	Rubin, Turnbull & Associates					
c. E-mail Address	heather@rubinturnbull.com					
d. Phone Number	(305)495-3868					

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