



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1474

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Overdose Prevention and Mental Health Community Center will serve as a dedicated hub in Central Florida to provide comprehensive support services for individuals affected by substance use disorders and mental health challenges. The center will focus on overdose prevention, harm reduction, and mental health interventions by offering educational resources, peer support services, and access to treatment and recovery programs. The project aims to reduce overdose rates, provide critical mental health support, and foster long-term community resilience in Orange, Osceola, and Seminole Counties.

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	850,000
Total State Funds Requested	850,000

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)	850,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	425,000	25%
Other	425,000	25%
Total Project Costs for Fiscal Year 2025-2026	1,700,000	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		

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.



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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?

12/31/2025

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?

Private foundation grants, local government contributions, corporate sponsorships, and community partnerships.

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.

The facility will be owned by Project Opioid Initiative Inc., a registered 501(c)(3) non-profit organization. The organization will oversee the facility's operations, ensuring it serves the community as intended and remains financially sustainable through diversified funding sources.

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	Facility acquisition and renovation: \$600,000 Furnishings and infrastructure: \$250,000	850,000
Total State Funds Requested (must equal total from question #6)		850,000

13. Program Performance

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

The project aims to establish a fully operational community center that will provide overdose prevention services, mental health support, and connection to treatment and recovery programs for individuals in Central Florida.

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



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Overdose prevention education and naloxone distribution.
Peer support and counseling services.
Community outreach and education programs around substance use and mental health.
Collaboration with local healthcare providers and law enforcement agencies.

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

The center will offer direct services such as educational workshops, overdose reversal training, crisis intervention, mental health counseling, and linkage to ongoing care and treatment options.

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

Individuals at risk of overdose and mental health crises.
Families affected by substance use and mental health issues.
Community members seeking education and prevention resources.
Estimated individuals served annually: 7,500

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

Reduction in overdose incidents in Orange, Osceola, and Seminole Counties.
Increased community awareness and engagement in mental health services.
Improved access to treatment and recovery support.
Success will be measured through community feedback, overdose reversal statistics, and program participation rates.

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?

Periodic performance evaluations and a pro-rata return of funds for unmet deliverables.

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:



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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**

e. E-mail Address

f. Phone Number **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address



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d. Phone Number

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