



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1698

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

This is a one time Capital Outlay request for support of a \$3,000,000 project to build a new Addiction Stabilization and Detox building and/or for all SUD services to support Duval, Clay and Nassau in continuing to address the Opioid, Substance Use and Mental Health issues of our population. The deliverables for this request is to begin the preparation for the infrastructure for the site. The penalties for failing to meet deliverables would be to return the funding to the state.

**5. State Agency to receive requested funds**

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	3,000,000
<b>Total State Funds Requested</b>	<b>3,000,000</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)	3,000,000	21%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	2,500,000	17%
Local	1,500,000	10%
Other	7,670,549	52%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>14,670,549</b>	<b>100%</b>

**8. Has this project previously received state funding?**  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,000,000	384A	No

**9. Is future-year funding likely to be requested?**  No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

**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)?** No

**c. What is the estimated start date of construction?** 07/01/2026

**d. What is the estimated completion date of construction?** 12/01/2027

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

Funding streams will be Federal, State, City, Commercial Insurance, Medicaid and Medicare, and self-pay.

**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.**

We are a 501c3 and have a voluntary board of directors. There are no owners and no funds ever go to the board of directors. No Capital Outlay funds are used to pay for anything but the construction project. All operating funds go to operating our services for the community who needs addiction and mental health services.

**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	Continued site preparation /engineering/ planning and rendering on land owned by Gateway to build a 3 story Stabilization, Detox, Transitional Recovery Housing & SUD services building to increase capacity of stabilization and detox beds for 3 counties and to assist JFRD in their para-medicine program. Gateway has already raised \$2.5 Million toward the project and will be conducting a capital campaign and possibly securing a loan to complete.	3,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,000,000</b>

**13. Program Performance**

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



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This is a Capital Outlay request of \$3 million for support of a \$14,670,549 project to build a new Addiction Stabilization, Detox and recovery housing building in continuing to address the Opioid, Substance Use and Mental Health issues of our population. The building will be constructed on a property owned by Gateway to increase all SUD services capacity & transitional housing to assist our community.

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

This funding is going directly to providing infrastructure for a new building, which will increase capacity and then provide services for Opioid, Substance Use and Mental Health Disorders. The direct services will be addiction stabilization, detox, transitional recovery housing, and other recovery services.

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

This funding is going directly to providing infrastructure for a new building, which will increase capacity and then provide services for Opioid, Substance Use and Mental Health Disorders. The direct services will be addiction stabilization, detox, transitional recovery housing, and other recovery services.

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

The target population is persons with poor mental health, economically disadvantaged individuals, homeless, jobless, drug users, formerly incarcerated persons, and drug offenders in the criminal justice system. Approximately over 3,000 persons a year would benefit from a larger facility.

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

The expected benefit of this building project is increased capacity for providing addiction stabilization, detox, and transitional recovery housing & SUD services to three different counties. Duval, Clay and Nassau are growing communities, therefore the need for more capacity. The building project will have definite timelines to be adhered to at different stages of the project.

**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 use the state appropriation in a timely manner the funding would be returned to the state. Gateway has a precedence for being awarded a state capital outlay approximately 7 years to complete construction at our Stockton St. campus. All funds were spent on the project. The campus remains a beautiful community enhancement and a symbol of hope to those in need.

**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



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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**



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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.*