



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1711

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Here's Help, founded in 1969 and located in Opa Locka, is a residential substance abuse facility for juveniles and adult males referred by DJJ and Drug Courts. It has provided services and education to thousands of otherwise incarcerated youth offenders. Request is for Emergency Facility repairs and improvements. Kitchen Equipment Replacement, HVAC, Roof Replacement – Adult Dorm, Classroom, Emergency Generator, Maintenance Steel Building for Storage and Workshops, Security Fence, Impact Windows.

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	231,000
Total State Funds Requested	231,000

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)	231,000	61%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	39%
Total Project Costs for Fiscal Year 2025-2026	381,000	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		
2024-25	200,000	350,000	374/377/384A	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.

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.

Here's Help is a 3.5-acre facility providing services to at-risk, low socioeconomic individuals and Medicaid recipients. It is a 501(C)3 Charity run by a board and is a member of the South Florida Behavioral Health managing entity and their predecessors since 1969.

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	Emergency Facility repairs and improvements. Kitchen Equipment Replacement, HVAC, Roof Replacement – Adult Dorm, Classroom, Emergency Generator, Maintenance Steel Building for Storage and Workshops, Security Fence, Impact Windows.	231,000
Total State Funds Requested (must equal total from question #6)		231,000

13. Program Performance

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

The Project will replace and revitalize an aging infrastructure, Kitchen Equipment Replacement, High-Efficiency Air Conditioning Units, Roof Replacement – Adult Dorm, School House, Art Building, Dining Room, and Fitness Center, Emergency Generator for Main Facility, Maintenance Steel Building for Storage and Workshops, Property Security Fence, Impact Windows.

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



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Continuing to help residents recover from substance abuse through completing high school education and continuing to transition to a preferred vocational training field such as Culinary certification, Handyman, Computer Tech, Computer Graphics, Photography, etc.

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

Therapeutic substance abuse treatment as well as educational / vocational courses that enhance the individual's ability to become a confident, skilled, independent, and productive man.

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

Adolescents and young adult males. Thousands have completed the program successfully and we have a 82% success rate. We continue to assist all who are referred by the drug courts, DJJ, DCF and the criminal justice system. Our capacity for residential is 40.

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

A total of 70% of 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?

Notification with opportunity to cure.

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?

- 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)?



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- 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

d. Phone Number



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