



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1778

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

4. Project/Program Description

Agape Network, Inc. of Miami, Florida, will expand its Faith Works Re-Entry Program to enhance post-release services for individuals served by the Miami-Dade County Corrections and Rehabilitation Department. This program offers a holistic, evidence-based approach addressing substance abuse, as well as mental, physical, and spiritual health, supporting successful reintegration and long-term well-being.

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	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

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)	750,000	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	375,000	33%
Total Project Costs for Fiscal Year 2025-2026	1,125,000	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	0	750,000	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.
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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Director of Reentry Services LOE 75%	88,838
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Phone System \$300 and General Office supplies \$598	898
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Psychiatrist 50% Care Coordination 100% Assessments/Licensed Clinician 100%. Therapist (2) 100% Case Manager (2) 50% Outreach Specialist (1) 100% Data Specialist (1) 100%	585,264
Expense/Equipment/Travel/Supplies/Other	Indirect Administration Cost 10%	75,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		750,000

13. Program Performance

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

Improve Mental Health and Substance Use - Access to timely integrated behavioral health and primary care for uninsured and under-insured low-income residents; increases in medication management; decreases in hospitalizations/institutional settings; and decreases in criminal justice costs associated with involvement in crime/infractions by those experiencing mental illness. Reduce Substance Abuse - Decreases in criminal justice costs associated with involvement in crime/infractions by those experiencing a substance use/abuse disorder. Enhance specific individual's economic self-sufficiency and reduce recidivism.

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



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Access to Care (uninsured), Chronic Disease Management, Availability of Primary and Preventive Care, Barriers Accessing Continuum of Care, Mental Health and Substance Abuse, Peer Support, High Standards of Care, Supportive Housing, Prevention, Family Involvement, and Communication with the Community and Criminal Justice System.

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

Direct services include: Psychiatric evaluations, medication management, Medication assisted treatment, wellness checks, assisting with job placement, linking to vocational or traditional school settings, linkage to economic resources, Peer support, and individual therapy sessions.

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

Between 51 and 100 persons who are reentering the community following incarceration or jail from State or County correctional facilities.

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

Average annual days worked for pay for adults with severe and persistent mental illness (Target: 40 days) Percentage change employed from substance abuse treatment admission to discharge (Target: 10%); Percent change in number arrested 30 days prior to admission versus 30 days prior to discharge (T: 15%); Percent complete treatment (T: 51%); Percent with stable housing at discharge (T: 86%). Address behavioral health disorders (mental health/substance abuse) coupled with chronic disease management to foster better health outcomes leading to reductions in missed days at work and/or unemployment .

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?

Funds would be returned.

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



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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.