



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1972

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The program will integrate individual care for participants who are experiencing both homelessness and substance use disorder, including safe and supportive Certified Recovery Housing, complete wrap around peer recovery support services, and linkage to appropriate community based resources. A complex relationship exists between substance use disorder and homelessness. Peer Recovery housing and peer recovery support services are associated with many positive outcomes including decreased substance use, reduced likelihood of return to use, increased employment, and improved family relationships.

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	376,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>376,000</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)	376,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>376,000</b>	<b>100%</b>

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.

Funding to be used in lieu of state funding would be dependent on potential request for proposal opportunities.



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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)?

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Project Head Salary (\$90,000 FTE @ 15%)	13,500
Other Salary and Benefits	Administrative Staff Salaries	26,500
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	1 Recovery Navigator @ \$45,000; 1 Certified Recovery Peer Specialist @ \$55,000	100,000
Expense/Equipment/Travel/Supplies/Other	Recovery Housing Service Fees; including food assistance and bus pass (for 72 individuals at 60 days each)	236,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>376,000</b>

**13. Program Performance**

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

The primary goal of this fund request is to provide a robust and individualized program for participants in Broward County that are experiencing both substance use disorder and homelessness. With the provision of certified recovery housing and peer recovery support services the participant has a supportive environment to receive appropriate individualized services; improving their recovery capital and providing a better opportunity to maintain and sustain recovery.

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



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Certified recovery housing will be provided, along with wrap around peer recovery support services. Participants will be linked to appropriate community based service.

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

Participants in this program will receive certified recovery housing service, individualized recovery navigation and peer recovery support services.

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

The target population for this project is anyone experiencing both a substance use disorder and homelessness. We expect to serve 72 participants over a 12 month period.

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

Benefits of this program include both reduced homelessness and sustainable recovery. Outcomes will be measured by utilizing Recovery Capital Assessments; which measure internal and external assets of each participant. The program will focus on improving physical health, improving mental health, enhancing specific individual's economic self-sufficiency, reducing recidivism, and reducing substance abuse. The goal is to increase each participants Recovery Capital by 20%.

**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?**

Penalties for failing to meet the deliverables or performance measures are that Fellowship RCO will refund the money back to the state.

**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.*