



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2077

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The requested funds will support the New Life Dream Center (NLDC) in providing residential substance abuse treatment, including counseling, life skills training, workforce preparation, and transitional living. Funding will cover facility renovations, transportation, and essential program resources to enhance recovery outcomes and support individuals in achieving long-term stability.

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	268,000
Fixed Capital Outlay	30,000
Total State Funds Requested	298,000

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)	298,000	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	33%
Total Project Costs for Fiscal Year 2025-2026	448,000	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2077

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? 1/1/2026

d. What is the estimated completion date of construction? 6/15/2026

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

Ongoing operations and maintenance will be funded through a combination of private donations, grants, fundraising efforts, and program-generated revenue. NLDC actively engages community partners and stakeholders to ensure sustainable funding, while also pursuing additional state and federal resources to support long-term program stability and expansion.

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 receiving fixed capital outlay funding will be owned and operated by ****New Life Men's and Women's Program, Inc.****, a nonprofit organization dedicated to providing residential substance abuse treatment and recovery support. The organization will oversee all facility operations, ensuring program sustainability and service delivery to individuals in need.

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	Computers, printers, and office supplies.	10,000
Consultants/Contracted Services/Study	Independent, 3rd party program evaluation consultation.	30,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	2 x 15 passenger vans (\$60,000 each), gas, maintenance, insurance, utilities, and household supplies.	200,000
Consultants/Contracted Services/Study	Fundraising/grant writing consultant and community awareness materials.	28,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovations, upgrades and repairs of NLDC campus.	30,000
Total State Funds Requested (must equal total from question #6)		298,000

13. Program Performance

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2077

The requested funds will support the New Life Dream Center in providing residential substance abuse treatment, life skills training, and transitional support. This investment will enhance recovery outcomes, promote self-sufficiency, and reduce recidivism by equipping individuals with the tools needed to reintegrate into society as productive, independent members of the community.

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

The funds will support residential substance abuse treatment, biblical counseling, life skills training, workforce preparation, and transitional living services. Additionally, funding will provide facility renovations, transportation, and essential program resources to ensure a safe, structured environment for recovery and successful reintegration into society.

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

The appropriation will provide direct services including residential substance abuse treatment, individual and group counseling, life skills training, workforce development, GED education opportunities, and transitional housing support. These services will help individuals overcome addiction, gain employment, and successfully reintegrate into the community.

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

The target population includes individuals struggling with substance abuse, homelessness, economic disadvantage, and those reintegrating from the criminal justice system. The program will serve approximately 101-200 individuals annually, providing them with treatment, life skills training, and support to achieve long-term recovery and self-sufficiency.

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

The project will improve recovery outcomes, reduce recidivism, and enhance economic self-sufficiency for participants. Success will be measured through program completion rates, employment placement, reductions in substance abuse relapse, and tracking recidivism rates. Additional metrics include participant surveys and follow-up assessments on long-term stability and reintegration.

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?

If there is an area in which NLDC is deficient, a corrective action plan (CAP) should be implemented and monitored to ensure that the deficiency(ies) is/are corrected per the CAP. If NLDC fails to meet the contract deliverables or the performance measures, the contracting agency has the option to cancel the contract for these services.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2077

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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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2077

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.