

LFIR # 2100

1. Project Title	Boley Centers- Re	novate to Rehabi	litate; Funding for Imp	act	
2. Senate Sponsor	Darryl Rouson				
3. Date of Request	1/21/2025				
4. Project/Program De	scription				
hub for Boley Centers mental illness. Individual crisis units. The the skills required for improvements to con	s residential, commu duals coming to this of program helps indiving successful commun tinue operations.	nity housing, and campus are typica iduals begin their ity integration. Bu	psychosocial rehabili illy high utilizers and a journey toward perma ilding structures are a	tation programs for are coming from sta anent housing and ged, hurricane dan	services as the central individuals with serious ate hospitals, jails, and helps them to develop naged and need major
5. State Agency to rec	eive requested fund	ds Departme	ent of Children and Fa	amilies	
State Agency contact	cted? Yes				
6. Amount of the Nonro	ecurring Request fo	or Fiscal Year 20	25-2026		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outlay			950,000		
Total State Funds R	equested			950,000	
7. Total Project Cost fo	or Fiscal Year 2025-	2026 (including	matching funds avai	lable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds Re	equested (from quest	ion #6)	950,000	70%	
Matching Funds					
Federal		-4\	0	0%	
State (excluding the	amount of this reque	St)	350,000	0% 19%	
Local Other			250,000 150,000	11%	
Total Project Costs	for Figure Voca 202	F 2026	1,350,000		
8. Has this project pre If yes, provide the n	viously received st	ate funding?	No 1,330,000	100%	
Fiscal Year	Amou	nt	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future-year fundir a. If yes, indicate no b. Describe the sou	onrecurring amount	per year.	No eu of state funding.		



The Florida Senate **Local Funding Initiative Request Fiscal Year 2025-2026**

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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 proje	ect?				
Planning	Construction	O N/A			
b. Is the project "shovel ready" (i.e perm	nitted)?		Yes		
c. What is the estimated start date of co	09/01/2025				
d. What is the estimated completion date of construction? 06/30/2026					
e. What funding stream will be used for	ongoing ope	rations a	nd maintenance of	the project?	
Medicaid & DCF/Managing Entity contract	ted dollars.				
11. List the owners of the facility to receive relationship between the owners of the				outlay funding	j. Include the
Boley Centers, Inc.					

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Engineering, structural repairs, external & internal painting, window repairs & replacements, plumbing and electrical repairs, technology enhancements, commercial kitchen improvements, and office & programmatic furniture & equipment.	950,000
Total State Funds Requested (m	ust equal total from question #6)	950,000

13. Program Performance

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



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These funds will address the critical needs of individuals with serious mental illness that are high utilizers of our state hospitals, legal systems, homeless shelters, 911 services, and local crisis units by improving the infrastructure and building safety of Boley Centers rehabilitation central campus. Goals are to create a safe & better therapeutic environment, increase capacity, improve quality of care, reduce crisis services, stabilize their housing, and promote recovery, self sufficiency, and reintegration into the community.

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

The campus will provide comprehensive medical & behavioral health care through our partnership with Evara Health as well as mental health counseling, substance use services, residential admissions & housing stabilization services, psychosocial group therapy, care coordination & benefits counseling, and our clubhouse services including vocational education, culinary & horticultural arts training, and our performance arts program.

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

Primary medical & behavioral heath care, substance use intervention services, mental health counseling, group psychosocial rehabilitation, independent life skills training, care coordination, residential admissions, vocational services, & club house services.

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

Individuals with serious mental illness that are identified as high utilizers of our state hospitals, legal systems, 911 services, many with co-occuring substance use disorders, criminal justice involvement, and housing instability. Our goal is to increase our capacity and serve over 750 individuals per year.

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

This project will improve the mental health functioning of participants, expedite access to medical care, improve global functioning and health outcomes, stabilize housing, increase their income & benefits. This will be measured through clinical data from electronic health records, increased services, increased participant income, housing stabilization, and decreased hospitalization and use of 911 due to the immediate access to quality care.

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?

The organization or project might face a reduction in funding or withholding of future installments if predefined milestones or performance metrics are not achieved, put on a corrective action plan, funding could be reallocated or reduced for the project. The organization may also be required to repay a portion of the funds due to performance, restriction on future bids, or termination of the contract.

4	. Is th	nis project related to mitigation, response, or recovery from a natural disaster? Yes					
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 infastructure)						
	b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):						
	Hurricane Milton						
5. Has the entity applied for or received federal assistance for this project?							
	☐ Yes, Applied						
	☐ Yes, Received						



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☑ No						
☐ No, but intends to	o apply					
a. If yes, provide th	e FEMA project workshee	et ID#:				-
b. Provide the total	project cost listed on the	FEMA proje	ect workshee	t:		7
16. Has the entity app	lied for or received state	assistance f	or this projec	et (other tha	n this reque	est)?
☐ Yes, Applied						
☐ Yes, Received						
☑ No						
☐ No, but intends to	o apply					
a. If yes, specify the	e program and state agen	ncy (ex. Loca	ıl Governmen	ıt Emergenc	y Bridge Lo	oan, Department of
Commerce):						, . 1
17. Requester Contact	t Information					
a. First Name	Kevin	Last Name	Marrone			
b. Organization	Boley Centers, Inc.					
c. E-mail Address	kevin.marrone@boleycen	ters.org				
d. Phone Number	(727)821-4819	Ext.	5718			
18. Recipient Contact	Information					
a. Organization	Boley Centers, Inc					
b. Municipality and	d County Pinellas					
c. Organization Ty	ре					
□For Profit Entity						
☑Non Profit 501(c	c)(3)					
□Non Profit 501(c	c)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					



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d. First Name	Kevin	Last Name	Marrone			
e. E-mail Address	kevin.marrone@boleycenters.org					
f. Phone Number	(727)224-8381 Ext.					
19. Lobbyist Contact Information						
a. Name	Anita Berry					
b. Firm Name	Johnston & Stewart Government Strategies, LLC					
c. E-mail Address	anita@johnstonstewart.com					
d. Phone Number	(813)345-4104					

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