



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2117

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To install a natural gas generator to run essential services in Cove's CHSC residential facility during hurricanes. The funds will also renovate the community bathrooms (men's and women's) to address and upgrade the heavy usage of the bathrooms in the 87-bed facility. Upgrading the facility bathrooms will assist in improving the environment and usage of the bathrooms by the residents. This need for residential beds is evident among minority and lower income individuals.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	440,000
Total State Funds Requested	440,000

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)	440,000	96%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	20,000	4%
Total Project Costs for Fiscal Year 2025-2026	460,000	100%

8. Has this project previously received state funding? No

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? No

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)? Yes

c. What is the estimated start date of construction? 09/15/2025

d. What is the estimated completion date of construction? 03/27/2026

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

Cove's Community Housing Solution Center receives funding through Hillsborough County Homeless & Community Services, Hillsborough County Healthcare Plan, Tampa Hillsborough Homeless Initiative, donors and foundations.

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.

Cove Behavioral Health is a private not for profit 501(c)(3) and does not have any individual owners. The capital improvements would be to a building that is owned by the organization.

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	To install natural gas generator to run essential services in Cove's CHSC residential facility during hurricanes. The funds will also renovate community bathrooms to address & upgrade the heavy usage of the bathrooms in the 87-bed facility. Upgrading the facility bathrooms improves the treatment environment for the residents. This renovation includes 10 showers, 10 sinks, 8 toilets, & 2 urinals.	440,000
Total State Funds Requested (must equal total from question #6)		440,000

13. Program Performance

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



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

Natural gas generator will be installed with a gas line running from the main road in order to help harden the facility to operate during a hurricane or other natural disasters. Men's residential and the women's residential bathroom renovations will include up to 10 showers, 15 sinks, 12 toilets, & 3 urinals

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

Screened through a centralized intake process, patients receive residential services for typically a 3-4-month duration. Cove's CHSC program works with the residents on vocational skills, case management needs, finding permanent housing options, and has an overlay of psychiatric services, medication assisted treatment, relapse prevention. Residents are linked to local FQHC for medical services.

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

Target population includes persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, homeless persons, drug users, and drug offenders.

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

- 70% of residents in mental health residential beds who have been in treatment at least 60 days will reduce their scores on PHQ-9 from admission to discharge
- 10% change in patients who are employed from admission to discharge.
- 51% of adults enrolled in substance use services will successfully complete services

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 the capital project is not initiated, then the money should not be drawn down.

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



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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

e. E-mail Address

f. Phone Number Ext.



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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.