



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2218

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Using the currently available additional capacity of Residential Level II & IV licensed beds for the treatment of severe Opioid Use Disorder and Substance Use Disorder for individuals residing in Circuit 2.

5. State Agency to receive requested funds

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,000,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,000,000	377	No

9. Is future-year funding likely to be requested? Yes

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

10. Status of Construction



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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		0
Other Salary and Benefits	Administrative support costs such as Finance, Human Resource, Quality Assurance, Training and Accreditation.	100,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Campus Director, Program Supervisor, Counselors and Therapeutic Assistants to supervise and staff 24/7, 365 Level II & IV licensed Residential Service.	680,000
Expense/Equipment/Travel/Supplies/Other	Office and facility supplies, curriculum, computers, phones, printers, and other items to support the therapeutic activities of the program.	220,000
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)		1,000,000

13. Program Performance

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

Provide treatment in the currently available additional capacity of Residential Level II & IV licensed beds for the treatment of severe Opioid Use Disorder and Substance Use Disorder for individuals residing in, but not limited to, the Second Judicial Circuit.

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

Residential treatment service levels II & IV to treat Opioid Use Disorders and/or Substance Use Disorders.

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



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Provide comprehensive residential services to individuals with Opioid Use Disorder (OUD) or Substance Use Disorder (SUD) including counseling, medical care, housing, transportation, job placement/training, and case management.

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

Individuals diagnosed with Opioid Use Disorder, or other Substance Use Disorders who may be at risk of involvement in the criminal justice, child welfare, or residing in, but not limited to, the Second Judicial Circuit of Florida.

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

Increase the number of residential Level II beds available up to 12.
 Increase the number of residential Level IV beds available up to 12.
 Count number of total available beds, by licensed level of care, prior to the project and after the project completes and measure the number increased.

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?

Complete Corrective Action Plan set by the Department and Reduction of funds

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:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No



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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

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