



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2280

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Capital Outlay to complete Wakulla Level 1 Community Residential Facility, a hospital generator to provide A/C for clients, and a small generator for on site repairs in case of naturals disasters.

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	0
Fixed Capital Outlay	2,950,000
Total State Funds Requested	2,950,000

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)	2,950,000	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	2,950,000	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

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)?

No

c. What is the estimated start date of construction?

07/1/2025

d. What is the estimated completion date of construction?

06/30/2026

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

As per the Governor's Budget Recommendations, program funding has been requested from DCF for this psychiatric residential step-down facility.

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.

Apalachee Center

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 receive phase one (\$500K) and phase two (\$1.2m) in capital outlay to finish the Wakulla Level 1 Community Residential Facility (this will make the facility fully functional & independent), a hospital generator to provide A/C for clients in the event of a natural disaster in Leon (\$1.2 m), and a maintenance shed generator to allow repairs in the even of a natural disaster in Leon (\$500K).	2,950,000
Total State Funds Requested (must equal total from question #6)		2,950,000

13. Program Performance

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

To receive phase one (\$500K) and phase two (\$1.2 million) in capital outlay to finish the Wakulla Level 1 Community Residential Facility housing (this will make the facility fully functional and independent), a hospital generator to provide A/C for clients in the event of a natural disaster (\$1.2 million), and a small maintenance shed generator to allow repairs to be made in the event of a natural disaster (\$50K).

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



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This request will allow the completion of Level 1 Community Residential Facility housing & associated competency restoration, psychiatric, case mgmt, court liaison, etc., and psychiatric rehabilitation services for individuals diverted from the CJ system and stepped down from State secure forensic facilities, and provide generators in Wakulla & Leon the event of a natural disaster.

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

Ensures no interruption in our Wakulla Level 1 Community Residential Facility housing and associated competency restoration, psychiatric, case management, court liaison, discharge planning, group and individual counseling, psychiatric assessment and psychiatric rehab. services for individuals diverted from the criminal justice system and stepped down from State secure forensic facilities.

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

High-risk seriously mentally ill forensic residential populations, Persons with poor mental health, Homeless, Drug users (in health services), and Currently or formerly incarcerated persons.

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

Reduced lengths of stay in state facilities and recidivism for seriously mentally ill individuals adjudicated under FS 916 and extraction of the same population from county jails when appropriate. These outcomes will be measured by standard ROI metrics already in use for similar programs.

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?

Require Corrective Action

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:



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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.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address



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d. Phone Number

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