



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2359

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Facility infrastructure renovations to a building that will serve to provide comprehensive primary medical, behavioral health care along with laboratory & pharmacy supports to individuals with high acuity and complex behavioral health needs. This is a new partnership blending Boley Centers' extensive housing & psychosocial community support programs with Evara Health, a Federally Qualified Health Center's expertise on quality whole-person comprehensive health care. The goal is to rebuild the infrastructure that will support quality medical & behavioral health care, reduce hospitalization, and promote wellness & community integration.

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	300,000
Total State Funds Requested	300,000

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)	300,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	150,000	25%
Other	150,000	25%
Total Project Costs for Fiscal Year 2025-2026	600,000	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.**



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2359

Complete questions 10 and 11 for Fixed Capital Outlay Projects

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?

09/01/2025

d. What is the estimated completion date of construction?

01/31/2026

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

Billing through Medicaid & private insurance and DCF/Managing Entity contract dollars.

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.

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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Demolition, engineering, structural re-design, external & internal painting, window repairs & replacements, plumbing and electrical repairs, technology enhancements, and office & programmatic furniture & equipment.	300,000
Total State Funds Requested (must equal total from question #6)		300,000

13. Program Performance

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



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2359

The purpose is to address the critical needs of individuals with serious mental illness by renovating one of the buildings on our campus to provide comprehensive primary medical & behavioral health services along with laboratory & pharmacy supports through our strategic partnership with Evara Health. Goals are to expedite quality medical care to Boley residents, increase capacity, reduce use of hospitals and 911 services, and promote recovery, independence, and reintegration into the community for those with serious mental illness.

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

Primary medical & behavioral health services, laboratory & pharmacy supports, mental health counseling, care coordination, and benefits counseling.

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

Primary medical care, behavioral health care, substance use treatment, mental health counseling, care coordination, & benefits counseling.

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 the state hospital, jails, prisons, and other crisis systems, many with co-occurring substance use disorders, criminal justice involvement, and housing instability. Medical clinic will serve over 600 individuals per year and provide over 2,500 medical services.

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

Project will improve the physical & mental health functioning of participants, by expediting access to primary medical care, stabilize participant housing, increase their income & benefits, and decrease involvement with crisis level systems. This will be measured through clinical data from electronic health record, tracking medical appointments, increased participant income, housing stabilization, and decreased 911 calls and medical hospitalizations.

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 re-allocated or reduced for the project. The organization may also be required to repay a portion of the received funds due to performance, restriction on future bids, or termination of the contract.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No 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 infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

Hurricane Milton

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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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2359

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.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2359

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.