



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2817

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose of the project is to secure non-recurring funding for capital improvements for Crisis Stabilization and behavioral health outpatient facilities.

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	1,298,000
Total State Funds Requested	1,298,000

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)	1,298,000	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	1,298,000	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)?

Yes

c. What is the estimated start date of construction?

07/01/2025

d. What is the estimated completion date of construction?

10/15/2025

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

The agency will seek grants and endowments to address routine capital improvement needs.

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.

As a designated 501c3, agency's board of directors will maintain governance over all property and equipment.

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	Roof systems -- 4 buildings; shingle and flat roof types ; estimated cost \$720k ; 25yr+ estimated life A/C systems -- \$110k Inpatient facility unit improvements; \$200k Security ; inpatient ASU mag locks; additional cameras for security system -- \$160k All other -- upgrade carpet in outpatient 709 facility; replace maintenance vehicle; other -- \$108k	1,298,000
Total State Funds Requested (must equal total from question #6)		1,298,000

13. Program Performance

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

New Horizons buildings require immediate improvements in order to operate and satisfy requirements of our insurance underwriters. The requested funds are planned to upgrade facilities in the following key areas: roof systems; a/c systems; inpatient unit facilities; and security/equipment. New Horizons has not requested funds for significant facility upgrades on over twenty years. The roof system is an immediate need and comprises ~60% of the funds within this request.



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

Capital Improvements will allow New Horizons to continue providing behavioral health crisis and outpatient services to uninsured and under-insured residents of St. Lucie, Martin, Indian River, and Okeechobee counties. Facility upgrades enable us to provide appropriate care to our clients. The funds are primarily used for our inpatient clients -- Adult Crisis, Detox, Short Term Residential and Transitional Group Home. Additionally, our outpatient 709 facility will be improved.

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

Uninsured and under-insured citizens will receive crisis stabilization, inpatient detox, outpatient therapy, case management, and psychosocial rehabilitation services.

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

New Horizons is project to provide behavioral health services to 14,000 residents (adults and children) diagnosed with a serious mental illness or at-risk of a mental health crisis.

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

Continual access to behavioral health crisis and outpatient 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?

Unspent funding to be returned to the Department of Children and Families on annual reconciliation of reasonable and allowable expenses.

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



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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.