

LFIR # 2865

1.	Project Title	NAMI Hernando	Recovery Commu	unity Center			
	•						
2.	Senate Sponsor	Blaise Ingoglia					
3.	Date of Request	3/4/2025					
4.	Project/Program De	escription					
5.	lasting physical pres and other services a community centers a meetings, and resoubased recovery. The health and substance	sence in communitient are being organized are home to these surce connections. The goal is to unite core use disorder in actively light of the communication of the control	es. Recovery coach and delivered by the services as well as the services as well as the services as well as the services in the services in the services and children. The services it is the services and children.	hing, telephone recover rained volunteers and/ a place for community	ry support services, for paid staff. A grow rewide sober social as that support their sthe negative effects fill the gap in service anmet need in Herna	successful community- of untreated mental es, which has been	
6.	Amount of the Non	recurring Request	for Fiscal Year 2	025-2026			
	Type of Funding			Amo	unt		
- 1	Operating				0		
	Fixed Capital Outlay			2,000,000 2,000,000			
l	Total State Funds	Requested					
7.	Total Project Cost f	or Fiscal Year 202	5-2026 (including	matching funds ava	ilable for this proje	ect)	
7. [•	or Fiscal Year 202	5-2026 (including			ect)	
7.	Total Project Cost f Type of Funding Total State Funds R			Amount 2,000,000	ilable for this proje Percentage 81%	ect)	
	Type of Funding			Amount	Percentage	ect)	
	Type of Funding Total State Funds R			Amount	Percentage	ect)	
	Type of Funding Total State Funds R Matching Funds	equested (from que	estion #6)	Amount 2,000,000	Percentage 81%	ect)	
	Type of Funding Total State Funds R Matching Funds Federal	equested (from que	estion #6)	Amount 2,000,000	Percentage 81% 0%	ect)	
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the	equested (from que	estion #6)	2,000,000 0 0	Percentage 81% 0% 0%	ect)	
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from que amount of this requ	estion #6)	Amount 2,000,000 0 0 475,000	Percentage 81% 0% 0% 19%	ect)	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from que amount of this requested for Fiscal Year 20	estion #6) uest) 025-2026 state funding?	Amount 2,000,000 0 0 475,000 0	Percentage 81% 0% 0% 19% 0%	ect)	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	equested (from que amount of this requested for Fiscal Year 20 eviously received a most recent instar	pestion #6) uest) 025-2026 state funding? nce:	Amount 2,000,000 0 475,000 0 2,475,000	Percentage 81% 0% 0% 19% 0%	ect)	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the	equested (from que amount of this requested for Fiscal Year 20 eviously received a most recent instar	pestion #6) uest) 025-2026 state funding? nce:	Amount 2,000,000 0 475,000 0 2,475,000 No Specific	Percentage 81% 0% 0% 19% 100%	ect)	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (уууу-уу) Is future-year funding a. If yes, indicate n	equested (from quested (from q	estion #6) Destion #6)	Amount 2,000,000 0 475,000 0 2,475,000 No Specific	Percentage 81% 0% 0% 19% 0% 100%	ect)	



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction					
a. What is the current phase of the project?					
○ Planning	A				
b. Is the project "shovel ready" (i.e permitted)?	No				
c. What is the estimated start date of construction?	07/01/2025				
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?				
NAMI Hernando has been awarded Opioid Abatement funds through Lutheran Services for ongoing operations of the Recovery Community Center.					
11. List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the enti					
NAMI Hernando will be the owner of the facility.					
12 Details on how the requested state funds will be expended					

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Hernando County BOCC has donated land and has agreed to do all the site work and engineering for the property and provide a 6,000 sq ft. pad ready site for the building. Construction costs to include but not limited to designing, planning, engineering, building materials, labor, appliances, furniture and fixtures.	2,000,000
Total State Funds Requested (m	ust equal total from question #6)	2,000,000

13. Program Performance

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



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The building will be an expansion of our Recovery Community Center (RCC) where Certified Recovery Peer Specialists (CRPS) will work with individuals and family members of those whose lives have been impacted by mental health or substance misuse disorders. The goal is to reduce the negative long term effects by connecting individuals to services, and being the safety net to keep people from falling through the cracks of our fragile behavioral health system.

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

Individual mentoring, support groups, education classes, community awareness training, workforce development, housing assistance, resource and referral services for individuals and family members of adults and youth living with mental illness and substance misuse disorders. In addition, an internships program for those interested in becoming State Certified Recovery Peer Specialists.

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

Certified Recovery Peer Specialists (CRPS) will work with individuals to establish self-sufficiency goals. Other community partners will have office space to bring housing, employment and other much needed support services to participants all under one roof.

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

The target population is 40% of Hernando County residents living with mental illness and substance misuse disorders approximately 72,000 residents plus their family members. We currently impact about 4,000 people each year and plan to double that with the expansion of services.

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

Improve mental health, improve quality education, improve transportation conditions, increase economic activity, enhance specific individual's self sufficiency, reduce recidivism, reduce substance misuse and criminal/juvenile justice diversion. These outcomes will be measured through quarterly assessments.

	What are the suggested penalties that the contracting agency may consider in addition to its standard pena r failing to meet deliverables or performance measures provided for in the contract?
N	IAMI Hernando will reimburse the State for failure to meet deliverables or performance measures.
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. If	f 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 infastructure)
b. N	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	as 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#:



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b. Provide the total	project cost listed on the	e FEMA proj	ect worksheet:	
16. Has the entity app	lied for or received state	assistance	for this project (other tha	in this request)?
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends to	o apply			
a. If yes, specify the Commerce):	e program and state age	ncy (ex. Loca	al Government Emergend	cy Bridge Loan, Department o
7. Requester Contact	t Information			7
a. First Name	Tina	Last Name	Kinney	
b. Organization	NAMI Hernando]
c. E-mail Address	hope@namihernando.org	@namihernando.org		
d. Phone Number	(352)600-9631	Ext.		
8. Recipient Contact	Information			
a. Organization	NAMI Hernando			
b. Municipality and	d County Hernando			
c. Organization Ty	pe			
□For Profit Entity				
☑Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Tina	Last Name	Kinney	
e. E-mail Address	hope@namihernando.org]		
f. Phone Number	(352)600-9631	Ext.		



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a. Name	None	
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.