



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2978

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Jericho Road Ministries is seeking to purchase vehicles for transporting residents to legal, medical, mental health appointments, work, and for food transportation. These vehicles will strengthen our ministry's ability to support men and women in our recovery programs. The funds will also help renovate the food distribution building to help weekly food distribution to those in need.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	180,000
Fixed Capital Outlay	70,000
Total State Funds Requested	250,000

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)	250,000	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	250,000	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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)? No

c. What is the estimated start date of construction? 09/01/2025

d. What is the estimated completion date of construction? 03/31/2026

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

Revenue from thrift stores and individual contributions.

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.

Jericho Road Ministries currently owns the property.

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	Purchasing 5 transport vehicles and 1 box truck.	180,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovating 4,500 sq ft building (1167 Howell Ave Brooksville FL, 34601) with new flooring, wiring, storage, drywall, freezers, etc.	70,000
Total State Funds Requested (must equal total from question #6)		250,000

13. Program Performance

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

The funds will be used to purchase vehicles for transporting residents to legal, medical, mental health appointments, work, and for food transportation. The funds will also help renovate the food distribution building, improve food storage, and add commercial freezers.

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

Vehicles to transport men and women in our recovery program. Renovations at our property, 1167 Howell Ave, that serve food to the community.

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



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The funds will support transportation for residents to substance abuse recovery classes, mental health and medical appointments, work, and court. These vehicles will strengthen our ministry's ability to support men and women in our recovery programs. Additionally, community members in need can receive groceries weekly through our food distribution program. Our food distribution provides for those in need and helps feed residents at our centers at no cost.

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

Persons with poor mental health, jobless persons, economically disadvantaged persons, homeless, drug users, formerly incarcerated persons, drug offenders, and people lacking access to food.
 Recovery program servers 100-150 persons within a year.
 Food Distribution servers 500-600 persons with a year.

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

The expected benefit of this project is a reduction in substance abuse and the successful reintegration of residents into society by providing essential support and accountability throughout their recovery journey. Additionally, this initiative will help divert individuals from the criminal justice system by assisting them in meeting the requirements of the Hernando County Drug Court program. Providing reliable transportation is crucial for the successful completion of the program, ensuring residents can attend recovery classes, probation appointments, health appointments, job interviews and placement.

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?

Failure to meet deliverables will result in return of funds to the state.

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

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)?



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- 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

d. Phone Number



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