



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3019

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

The HPOC Program is a non for profit 501(c)3 Substance Abuse and Mental Health Outpatient Treatment Program. Majority populations are struggling with alcohol/drug & mental disorders. Our goal is to provide the wraparound services needed for clients that are struggling with mental challenges, substance disorder, anger management, & parenting issues. Our goal is to use these funds to reduce recidivism and provide the counseling needed for this clientele using a holistic approach.

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	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

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)	150,000	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	150,000	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.

not sure

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director to monitor and execute services.	40,000
Other Salary and Benefits	Mental Health Specialist	15,000
Expense/Equipment/Travel/Supplies/Other	Leon County building with contingencies of construction and outpatient treatment at 113 South Monroe Street; Tallahassee; 115-B East Drew Street, Perry, 116 North Madison Street, Quincy, 760 East Washington Street, Monticello.	20,000
Consultants/Contracted Services/Study	2 Certified Counselors to handle the clientele referred by the North Florida Safety DUI Program, Judicial System, Department of Corrections, and Department of Juvenile Justice, Leon County Probation and Pretrial, State Attorney's Office, etc.	50,000
Operational Costs		
Salary and Benefits	2 Intake Specialists to assist the Counselors and Executive Director.	15,000
Expense/Equipment/Travel/Supplies/Other	An ongoing educational component for this clientele and to provide the necessary materials/workbooks, tools and supplies. To help assist them with self care such as vouchers etc. In the rural areas transportation is a barrier for this clientele.	10,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		150,000

13. Program Performance

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



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

Orientation, Individual Counseling Sessions, Group Sessions, Psychosocial Assessments, Individual Treatment Plans, LifeSkills, & Educational Materials and Workbooks

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

Substance Disorder Counseling, Mental Health Counseling, Anger Management Counseling, Grief & Loss Counseling, Parenting Counseling, & Individual and Group Sessions

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

Elderly persons, persons with poor mental health, jobless persons, at-risk youth, drug users, currently or formerly incarcerated persons, drug offenders, victims of crime.

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

To improve physical health, mental health, enrich cultural experience, improve quality of education, protect the general public from criminal activity, improve transportation conditions, increase economic activity, create job opportunities, enhance specific economic self-sufficiency, reduce recidivism, reduce substance abuse, divert from the criminal justice system. There are many different methods for each category in which to measure the outcome.

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?

A detailed spending plan and deliverables will be provided to the agency. The Holistic Plan of Care will ensure transparency and efficient use of funds.

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#:



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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.

19. Lobbyist Contact Information

a. Name



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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.