



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3258

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To provide substance use treatment services to clients that are unable to otherwise afford these important services. Specifically, serving Veterans that are homeless and chronically homeless, as well as individuals legally involved and financially challenged, who are unable to afford substance use treatment. This will allow us to help these individuals to have a better quality of life and assist in guiding these individuals. individuals back to being productive and contributing members of our community.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	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 2024-2025	400,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	350,000	593A	No

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes



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If yes, indicate the amount of funds received and what the funds were used for.

\$1,131,081 was received from the PPP loan and the funds were used to cover payroll and health benefits for all our 21 existing programs in the State of Florida.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

d. What is the estimated completion date of construction?

12. 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.

13. 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: Other		
Salary and Benefits	CEO. COO. CCO. Director of Administration, Director of HR, HR Specialist, Financial Controller, AP Assistant, GL accountant, IT manager, Intake Coordinator, Lead Intake specialist, Intake specialist, Clinical Director, Operations Director, Substance use Counselors/case managers, Behavioral Technicians, Kitchen Manager, Marketing / Outreach Director. This is all salaries, payroll taxes, and benefits.	185,000
Expense/Equipment/Travel/Supplies/Other	Travel for in-person training, office space, office supplies, equipment such as copiers/fax/scanner and facility utilities to include phone, internet, waste disposal, electricity. Food for clients, staff training and development, electronic health records, Relias Learning, CPR/First Aid Training, security, pest control, gas, group materials, psychiatric medication, if applicable, for a 90 day supply.	175,000
Consultants/Contracted Services/Study	Medical director and contracted ARNP for any psychiatric issues or prescribing needs for mental health.	40,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0



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Total State Funds Requested (must equal total from question #6)	400,000
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14. Program Performance

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

To provide substance use treatment services to clients that are unable to otherwise afford these important services. Specifically, serving Veterans that are homeless and chronically homeless, as well as individuals legally involved and financially challenged, who are unable to afford substance use treatment. This will allow us to help these individuals to have a better quality of life and assist in guiding these individuals back to being productive and contributing members of our community.

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

Personalized treatment based on individual needs. Individuals with substance use/mental health disorders will be provided individual counseling, group counseling, medication assisted treatment if needed. They will be linked to housing and employment resources to obtain stable income and permanent housing prior to discharge from the program.

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

Room and Board, 3 meals a day, individual counseling once a week, group and psycho-educational counseling, vocational assessments, linkages to housing and employment resources, SA evaluation, couples/family counseling, random drug screens, medication assisted treatment, if needed. Assistance with employment and permanent housing. Initial Physical exam, TB test, if applicable.

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

Approximately 100 Homeless veterans statewide.

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

Outcomes for veterans including housing, job placement and recovery.

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 the contract?

Non-compliance of funding description would result in termination of funds and potential of paying back any disbursed funds, if services and performance measures are not met.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)



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- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number