1. **Title of Project:** South Okaloosa County Criminal Justice Diversion Facility - Detoxification

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 10/10/2017

4. **Project/Program Description:**
   Purchase and renovation of a facility to provide detox and treatment programs to individuals with substance abuse issues (specifically opioids) with the intent to divert them from the criminal justice system to reduce recidivism and the jail population

5. **State Agency Contacted?** Yes
   a. If yes, which state agency? Department of Children and Families
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,000,000</td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,000,000

9. **Previous Year Funding Details:**
   a. Has funding been provided in a previous state budget for this activity? No
   b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
   c. What is the most recent fiscal year the project was funded?
   d. Were the funds provided in the most recent fiscal year subsequently vetoed?
   e. Complete the following Worksheet.
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</td>
</tr>
<tr>
<td></td>
<td>Column:</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
</tr>
<tr>
<td>Input Amounts:</td>
<td></td>
</tr>
</tbody>
</table>

10. Is future-year funding likely to be requested?
   Yes
   a. If yes, indicate non-recurring amount per year.
      Yes - $1,000,000 for startup operation expenses

11. Program Performance:
   a. What is the specific purpose or goal that will be achieved by the funds requested?
      Provide an alternative for individuals with substance abuse issues, including opioids, for treatment in lieu of going to jail.
   b. What are the activities and services that will be provided to meet the intended purpose of these funds?
      Evaluation and treatment programs for individuals with substance abuse issues, including opioids.
   c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

- Expense/Equipment/Travel/Supplies/Other
- Consultants/Contracted Services/Study
- Fixed Capital Construction/Major Renovation

- Construction/Renovation/Land/Planning Engineering
  - Purchase and renovation of existing facility
  - 2,000,000

TOTAL
- 2,000,000

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.
   - City of Fort Walton Beach would purchase the facility from Bridgeway Center

13. Requestor Contact Information:
   a. Name: Michael Beedie
   b. Organization: City of Fort Walton Beach
   c. Email: mbeedie@fwb.org
   d. Phone Number: (850)833-9612

14. Recipient Contact Information:
   a. Organization: City of Fort Walton Beach
   b. County: Okaloosa
   c. Organization Type:
      - For Profit
      - Non Profit 501(c) (3)
      - Non Profit 501(c) (4)
Local Funding Initiative Request - Fiscal Year 2018-2019

The Florida Senate

- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Michael Beedie
e. E-mail Address: mbeedie@fwb.org
f. Phone Number: (850)833-9612

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: None
   b. Firm: None
   c. Email:
   d. Phone Number: