



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1955

1. **Project Title** 2. **Senate Sponsor** 3. **Date of Request** 4. **Project/Program Description**

The Grove, an IMPOWER program, is a 70-bed adolescent residential substance abuse treatment program located in Winter Springs, Florida for the treatment of opioid and other addictions. Serving youth from all over the state, the aging facility is in desperate need of substantial capital improvements. The renovation projects include: 1) the girls dormitory building (32 beds); 2) the existing named Congressman Mica building to develop a Wellness Center (to include a fitness/yoga/meditation room, a health food café, and a private medical examination/treatment room with a bathroom, sink, a drug-testing lab); and 3) rebuilding a raised walkway/wooden bridge to connect the two sides of the campus and assure safe passage for youth, staff and visitors.

5. **State Agency to receive requested funds** State Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="000"/>
Fixed Capital Outlay	<input type="text" value="391,780"/>
Total State Funds Requested	<input type="text" value="391,780"/>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input type="text" value="391780"/>	<input type="text" value="96.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="15,000"/>	<input type="text" value="4"/> %
Total Project Costs for Fiscal Year 2020-2021	<input type="text" value="406,780"/>	<input type="text" value="100"/> %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Operational Costs: Other		
Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Remodel 2 buildings and construct bridge/walkway between girls and boys dormitories. Renovations include engineering and construction of private medical exam room with a drug testing/ lab space, a fitness/ yoga/meditation area, and a nutritional café for a gathering place for youth, and a safe and therapeutic living environment for youth as they move through the treatment and recovery process.	391,780
Total State Funds Requested (must equal total from question #6)		391,780



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11. Program Performance

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

To provide a safe and therapeutic living environment for youth as they move through the treatment and recovery process. To provide a healing center for the mind, body and spirit.

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

The fitness/yoga/meditation area will allow youth to engage in therapeutic physical activities that will allow youth to increase natural endorphins and provide them with replacement behaviors as opposed to abusing substances. The café portion of the Wellness Center will provide a place to educate youth about healthy eating and nutritional habits and offer healthy edible options.

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

Overall addictions treatment for youth to include medical examinations, medical treatment and drug testing to aid in recovery.

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

Florida male and female adolescents between 13 and 17 years old who meet criteria for residential substance abuse treatment because they are addicted to one or more of the following: opioids, benzodiazepines, methamphetamine, (crack) cocaine, cannabis, alcohol, or other addictive substances. Approximately 300 youth will be served.

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

Funding will assist The Grove in strengthening its holistic approach to helping youth with crippling chemical dependency issues build a foundation for long-term recovery/wellness. Outcomes will include sustained health and sobriety in youth who graduate the program and will be measured by the percent of youth who successfully complete the treatment program and the percent of youth who remain sober 1 year and 5 years post-discharge.

- 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?

The Grove is confident that through the use of its evidenced-based practice models, outcomes would remain strong. If this is not the case, there would be no future legislative funding for The Grove.



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12. **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.**

The owner of the facility is IMPOWER, a nonprofit 501 (c) (3) organization.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.