



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2064

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

4. **Project/Program Description**

To provide substance abuse and mental health services to those clients that are unable to afford these services otherwise. Specifically, Veterans that are homeless and chronically homeless, as well as those that have been released from incarceration. Our program provides treatment including individual and group therapy, psycho-educational classes and groups, vocational skills training, case management, life skills building, access to opportunities for housing and employment

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="500,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	500,000

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 style="width: 80%;" type="text" value="500000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	500,000	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 style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="250,000"/>	<input style="width: 80%;" type="text" value="348"/>	<input type="text" value="No"/>

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	9% Administrative Fees	45,000
Other Salary and Benefits	Full time Substance Abuse and mental health clinicians providing services to these individuals, as well as a full time LMHC to provide supervision	85,000
Expense/Equipment/Travel/Supplies/Other	Expenses related to office supplies/equipment/furniture	22,000
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Licensed clinicians to provide treatment, case management, clinical supervision and vocational programming	239,000
Expense/Equipment/Travel/Supplies/Other	Dormitory supplies, kitchen equipment, staff training/development and electronic health records system	67,000
Consultants/Contracted Services/Study	Contracted medical director and staff	42,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		500,000



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11. Program Performance

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

The purpose of this project is to provide substance abuse and mental health services to those clients that are unable to afford these services otherwise. Specifically, Veterans who are homeless and/or chronically homeless, and those that have been released from incarceration. Our program provides treatment including individual and group therapy, psycho-educational classes and groups, vocational skills training, case management, life skills building, and access to housing opportunities and employment.

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

Individuals meeting eligibility requirements will be provided the following services: room and board, 3 meals per day, individual counseling for substance abuse and/or mental health once per week, substance abuse/mental health evaluation, random drug screening/breathalyzers, and medication assisted treatment.

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

Our program will provide treatment to include individual counseling, group therapy, psycho-educational classes and groups, vocational skill straining, case management, life skills building and access to opportunities for employment and permanent housing

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

Veterans who are homeless or chronically homeless and have mental health and/or substance abuse issues. It is projected that the program would serve approximately 51-100 clients per year

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

Improved living and working conditions for Florida veterans measured by stable employment and healthy, stable lifestyles

- 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?

Noncompliance involving the provision of service not having a direct effect on client health and safety



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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.**

none

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.