



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1097

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

A community justice approach that mobilizes law enforcement, community and other systems leaders in providing an alternative community-based solution to arresting individuals dealing with mental health, opioid, fentanyl, and other debilitating drug abuse issues from recycling through the criminal justice system by providing immediate stabilizing services through targeted case management, peer mentoring, housing, treatment, and employment.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	367,420
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>367,420</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	367,420	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>367,420</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

Partial local funding may be available.

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

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



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Palm Beach County is the recipient of CARES US Treasury funds in the amount of \$261 million. Funding was spent entirely for emergency assistance, mortgage assistance, business grants, COVID 19 sheltering, testing, and isolation and emergency personnel. Palm Beach also received approximately \$290 million in American Rescue Plan funding for pandemic-related service and infrastructure projects.

## 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

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?

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Program Coordinator - oversees the overall project, contract management, program performance and deliverables. Coordination of community partner activities, programs and outcomes. (\$85,000 + 35% fringe/insurances)	114,750
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Office supplies - \$150 x 12 mo = \$1,800 Local travel - mileage \$0.58 x 1,500 miles = \$870	2,670
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Contract services for case management, peer mentoring, treatment, employment and housing services	250,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>367,420</b>

### 14. Program Performance

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

Community leadership and coordination, case management, peer mentoring, counseling, housing, employment, and treatment.



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

Provide an alternative community-based solution to arresting individuals dealing with mental health, opioid, fentanyl, and other debilitating drug abuse issues from recycling through the criminal justice system by providing immediate stabilizing services through targeted case management, peer mentoring, housing, treatment, and employment.

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

Provide an alternative community-based solution to arresting individuals dealing with mental health, opioid, fentanyl, and other debilitating drug abuse issues from recycling through the criminal justice system by providing immediate stabilizing services through targeted case management, peer mentoring, housing, treatment, and employment.

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

The target population served by this project is persons with poor mental and/or physical health, jobless persons, economically disadvantaged persons, the homeless, drug users, and those formerly incarcerated. We expect to serve between 51 and 100 individuals with this funding.

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

We expect to see an improvement in mental and physical well-being of participants through increased access to services. This will be measured by analyzing data regarding the number of individuals served as well as recovery and recidivism rates.

**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?**

Funds may be withheld until appropriate measures or deliverable met, if conditions were direct result of grantees actions.

**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)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)



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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