



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** FARR Development of Certification Infrastructure & Trainings

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 01/25/2018

4. **Project/Program Description:**

Certification of Recovery Residences. Training of permanent, full-time field staff, which is crucial to successful and timely expansion of the certification program.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Children and Families

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

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
300,000		300,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	505,769	62.8%
TOTAL	505,769	62.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 805,769

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		100,000	100,000

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

To enable Florida Association of Recovery Residences (FARR) to efficiently promote, oversee and process the certification of recovery residences.

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

Train permanent, full-time field assessors which is crucial to the successful and timely expansion of the certification program.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Recruiting, hiring, training and compensating Field Assessors	300,000



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

This appropriation will have a significant impact on reducing the cycle of relapse of those suffering from substance use disorder caused, in part, by sub-standard recovery housing. Clients are connected to employment opportunities, recovery support services and other community-based resources by certified recovery residences.

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

Florida residents in recovery from substance use disorder. FARR has a certified recovery house capacity of 4,376 certified beds. Additionally, as of December 31, 2017, 2,292 beds were actively engaged in the certification process.

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

By June 30, 2019, FARR will have certified 8,000 beds operated by 350 certified recovery residence programs operating in compliance with criteria set forth in s. 397.487, Florida Statutes.

**g. 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 current standard penalties for noncompliance are adequate.

**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.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Steven Farnsworth
- b. **Organization:** Florida Association of Recovery Residences
- c. **Email:** steve@farronline.org
- d. **Phone Number:** (561)544-7490

**14. Recipient Contact Information:**

- a. **Organization:** Florida Association of Recovery Residences



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**b. County:** Statewide

**c. Organization Type:**

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☒ Other (Please specify) Not-for-profit Corporation 501(c)(3)

**d. Contact Name:** John Lehman

**e. E-mail Address:** jlehman@farronline.org

**f. Phone Number:** (561)502-4608

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**