

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 3399

1. Project Title	IMPOWER Substance Misuse T	reatment Program Facilit	y Renovations			
2. Senate Sponsor	Jason Brodeur					
3. Date of Request	01/03/2024					
4. Project/Program De	escription					
other substance use substantial capital im 3)therapeutic and me	ential Substance Abuse Treatment addictions with co-occurring psychaprovements, specifically renovatio eeting/office space 4)outdoor recree/Wall around property.	niatric diagnoses for youth n and expansion of: 1)kito	n 13-17 The facilit chen and cafeteria,	ty is in need of 2)wellness center,		
5. State Agency to rec	eive requested funds Depa	rtment of Children and Fa	amilies			
State Agency conta	cted? Yes					
6. Amount of the Nonr	ecurring Request for Fiscal Year	· 2024-2025				
Type of Funding	<u> </u>	Amo	unt]		
Operations		74110	0	-		
Fixed Capital Outlay			1,100,000			
Total State Funds R	Requested		1,100,000			
•	or Fiscal Year 2024-2025 (includi			ect)		
Type of Funding		Amount	Percentage	1		
Matching Funds	equested (from question #6)	1,100,000	100%			
Federal		0	0%			
	amount of this request)	0	0%	1		
Local	amount of this request;	0	0%	†		
Other		0	0%			
Total Project Costs	for Fiscal Year 2024-2025	1,100,000	100%			
8. Has this project pre	eviously received state funding?	No				
Fiscal Year	Amount	Specific	Vetoed			
(уууу-уу)	Recurring Nonrecurrin	g Appropriation #				
9. Is future funding lik	ely to be requested?	No		1		
a. If yes, indicate no	onrecurring amount per year.					
b. Describe the sou	rce of funding that can be used	in lieu of state funding.		٦		
10. Has the entity requ	uesting this project received any	federal assistance rela	ted to the COVID-	19 pandemic?		
Yes						



11. Status of Construction

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

Agency was granted \$1,236,736 in PPP funds to cover salary, benefits and utility expenses. Loan was forgiven. No Federal funds were utilized in original PPP request.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

The entity is a 501 c 3 and has no owners. Property is entirely owned by IMPOWER.

a. What is the current phase of the project?						
Planning	O Design	Construction	O N/A			
b. Is the project "shovel ready" (i.e permitted)?				No		
c. What is the estimated start date of construction?				12/1/2024		
d. What is the estimated completion date of construction?				10/1/2025		
2. List the owners relationship bet	of the facility to ween the owner	o receive, directly or ingress of the facility and the	ndirectly ne entity	y, any fixed cap v.	ital outlay funding. Inc	ude the

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Scope of work to include the remodeling and expansion of the kitchen and cafeteria, wellness center, meeting and office space.	1,100,000
Total State Funds Requested (must equal total from question #6)		

14. 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?



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Safer and better quality of life. More assessable kitchen and larger cafeteria. Expanded wellness center to have enough

space for activities such as yoga, art therapy, physical exercise. Meeting space for training and treatment team. Office space located on campus close to clients.

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

Overall addictions treatment to include medical examinations, medical treatment and drug testing.

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 18 yrs 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, among others.

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 IMPOWER 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 % of youth who successfully complete the treatment program and % 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 the contract?

Action would be taken with staff and management if performance measures were not properly tracked, collected and reported as instructed. IMPOWER 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.

15. Requester Contact	t Informati	ion		
a. First Name	Anna		Last Name	Kesic
b. Organization	IMPOWE	R, Inc.		
c. E-mail Address	akesic@i	mpowerfl.org		
d. Phone Number	(407)491	-0965	Ext.	
16. Recipient Contact	Informatio	on		
a. Organization	IMPOWE	R, Inc.		
b. Municipality and	d County	Statewide		
c. Organization Ty	ре			
□For Profit Entity				
☑Non Profit 501(c	:)(3)			
□Non Profit 501(c	c)(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Marcie		Last Name	Dearth



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f. Phone Number	(407)637-0374	
17. Lobbyist Contact I	nformation	
a. Name	Alex Setzer	
b. Firm Name		
c. E-mail Address		
d. Phone Number		