



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1487

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Aspire will provide 10 inpatient beds for individuals in need of acute, crisis care for mental health, substance use, and co-occurring disorders to include crisis stabilization, medical detoxification, and intensive inpatient or hospitalization. Services will be provided to individuals meeting criteria for involuntary commitments under the Baker and Marchman Acts, as well as voluntary admissions. Priority will be given to individuals with co-occurring disorders.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	2,149,850
Fixed Capital Outlay	0
Total State Funds Requested	2,149,850

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,149,850	13%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	9,994,849	61%
Local	4,268,382	26%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	16,413,081	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

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

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☒ N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	10% Direct Costs, including prorated amount of Agency Exec Staff, HR, Accounting, Quality Mgmt., Payroll, etc., and related Fringe	241,985
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Program Director and 24/7 staffing including supervision, medical, psychiatric, therapeutic counseling, case management, and other positions needed to provide crisis stabilization, detoxification, intensive in-patient, and hospitalization services.	1,370,402
Expense/Equipment/Travel/Supplies/Other	Occupancy costs, Supplies, Property and Liability Insurance, Local Travel, Food, Medical Supplies, IT/IS services, and other expenses associated with the provision of crisis stabilization, detoxification, intensive in-patient, and hospitalization services.	537,463
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,149,850

13. Program Performance

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

Expansion and enhancement of acute, crisis services for individuals with mental health, substance use, and co-occurring disorders.

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



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

Individuals will be provided with psychiatric and medical stabilization, supervision, counseling, case management, care coordination, and overlay services.

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

Individuals with mental health, substance abuse, and co-occurring disorders in need of voluntary and involuntary commitment for crisis stabilization, medical detoxification, intensive in-patient, and psychiatric hospitalization.

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

75% of individuals served in Baker Act and / or Marchman Act receiving facilities will receive a physical assessment prior to their identified placement; 75% of individuals served will demonstrate an increase in medication adherence; 75% of individuals served in Baker Act and / or Marchman Act receiving facilities will be transferred to their identified placement within 15 hours; and 50% of individuals served will demonstrate a reduction in frequency and intensity of acute care commitments / hospitalizations / criminal justice involvement.
Outcomes will be measured through: Daily / Monthly data collection; Monthly / Quarterly trends analysis.
Goals will be measured Quarterly / Annually for attainment.

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?

Suggested penalties will be those outlined in the executed contract. We do not anticipate this to be an issue as we fully expect to be able to meet contract performance measures.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:



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16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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 **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name



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c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.