



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1266

1. Project Title IMPOWER Substance Misuse Treatment Program Safety and Recreational Renovations

2. Senate Sponsor Jason Brodeur

3. Date of Request 11/17/2025

4. Project/Program Description

IMPOWER's Residential Substance Abuse Treatment Program in Winter Springs, FL provides treatment of opioid and other substance use addictions with co-occurring psychiatric diagnoses for youth 13-17. The facility is in need of capital improvements addressing safety and recreation spaces such as electrical upgrades, drainage repairs for current and future recreational spaces, windows/doors replacement.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	500,000	100%

8. Has this project previously received state funding? No

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? No

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)?

No

c. What is the estimated start date of construction?

08/01/2025

d. What is the estimated completion date of construction?

08/30/2026

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

IMPOWER has multiple funding sources for this project, including DCF Managing Entity, DCF Community Based Care Lead Agencies, Medicaid, grants, private pay.

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.

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

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	IMPOWER's Residential Substance Use Treatment Program in Winter Springs provides treatment of opioid and other substance use addictions with co-occurring psychiatric diagnosis for youth 13-17. The aging facility is in need of capital improvements to improve and enhance safety and recreation spaces to include electrical and plumbing upgrades, drainage repairs, windows/door replacements and renovations of current and future recreational spaces.	500,000
Total State Funds Requested (must equal total from question #6)		500,000

13. 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 in 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.

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

c. E-mail Address



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d. Phone Number

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