



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1430

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Complete phase two of construction for up to 14 new independent recovery homes for individuals transitioning from Residential Level II and IV Opioid and Substance Use Disorder treatment in Rural North Florida.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	750,000
<b>Total State Funds Requested</b>	<b>750,000</b>

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)	750,000	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 2026-2027</b>	<b>750,000</b>	<b>100%</b>

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		
2024-25	0	1,000,000	384A/377	No

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

10. Status of Construction



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**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?**

01/01/2026

**d. What is the estimated completion date of construction?**

10/01/2026

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

Department of Children and Families - Block Grant and Opioid Funding

**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.**

Woodville Properties is the owner of the current location. It is a not-for profit sub-corporation of DISC Village Inc. which holds 501c3 status. Woodville properties' primary function is to provide facilities to be used by DISC Village, Inc. to provide services. Woodville Properties also leases other properties that provide similar social services.

**12. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Constructing new independent recovery homes up to 14.	750,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>

**13. Program Performance**

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

Developing Independent Recovery homes for individuals and families transitioning out of treatment back into the rural communities. This will help increase available opioid residential treatment capacity in level II & IV.

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

Begin next phase of construction for additional recovery homes consistent with master campus plan.

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



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Increase the number of independent recovery homes for transitioning residents from opioid residential services. This will provide safe, stable supportive housing while assisting with reintegration back to community.

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

Individuals diagnosed with Opioid Use Disorder, or other Substance Use Disorders who may be at risk of involvement in the criminal justice, child welfare, or residing in, but not limited to, the Second Judicial Circuit of Florida.

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

Increase the number of Independent Recovery homes up to 14.  
Count number of available beds, by licensed level of care, prior to the project and after the project completes and measure the number increased.

**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?**

Complete Corrective Action Plan set by the Department and reduction of funds.

**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:**

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

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No



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☐ 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   
d. Phone Number

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