



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1480

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

State funds were previously allocated by a legislative special project to renovate this Gulf County outpatient behavioral health clinic which was severely damaged by Hurricane Michael in 2018. As a result, mental health and co-occurring substance use evaluation and treatment services for children and adults were substantially decreased for the residents of Gulf County. This project will provide funding to re-establish and increase outpatient evaluation and treatment services for children and adults with severe and persistent mental illnesses and adults with co-occurring mental health and substance use disorders.

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	398,000
Fixed Capital Outlay	0
Total State Funds Requested	398,000

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)	398,000	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	398,000	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		
2025-26	0	398,000	363	Yes

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.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1480

Complete questions 10 and 11 for Fixed Capital Outlay Projects

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Includes two mental health counselors or therapists, one case manager, and support personnel.	262,250
Expense/Equipment/Travel/Supplies/Other	This area includes communication equipment, insurances, travel, recruitment, building and utilities expenses, and supplies.	135,750
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)		398,000

13. Program Performance

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

State funds were previously allocated by a legislative special project to renovate this Gulf County outpatient behavioral health clinic which was severely damaged by Hurricane Michael in 2018. Funding is now needed to re-establish services in this underfunded outpatient clinic facility. Funding will provide for outpatient evaluation and treatment services for children and adults with severe and persistent mental illnesses and adults with co-occurring substance use disorders.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1480

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

Provide outpatient evaluation and treatment services for children and adults with mental health or co-occurring substance use disorders.

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

Outpatient mental health and substance use evaluation and treatment services for children and adults will be provided through this project.

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

Persons with mental health or co-occurring substance use issues living in Gulf or Calhoun county. Telehealth services will also be provided as requested for persons in Bay, Holmes, Jackson and Washington Counties. A total of 101-200 children, adults, and families are expected to be served.

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

Provide outpatient evaluation and treatment for persons with mental health and co-occurring substance use disorders. Maintain data on numbers of persons served. Compile data on days within the community on each person served. Maintain data on levels of functional impairment.

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?

Reduce funding or cancel contract.

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:



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1480

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1480

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.