

## **FIXED CAPITAL OUTLAY PROJECT NOTICE FORM**

**Purpose:** The purpose of this form is to establish a documented justification for Fixed Capital Outlay projects that use Opioid Settlement funding.

**(FCO)** an appropriation category for the purchase of real property (land, buildings, including appurtenances, fixtures and fixed equipment, structures, etc.), including additions, replacements, major repairs and renovations to real property which materially extend its useful life or materially improve or change its functional use and including furniture and equipment necessary to furnish and operate a new or improved facility, when appropriated by the Legislature in the fixed capital outlay appropriation category.

**TO: SUBSTANCE ABUSE AND MENTAL HEALTH (SAMH) MANAGEMENT**

**Request Date:**

**Managing Entity Name:**

**County:**

**Total Non-Qualified Funds Received:**

**Range of Funds Requested to Spend from the Non-Qualified Funds:**

**Location of the Project:**

**Narrative Summary:**

*[Provide high level description and other additional information, if necessary, here for the FCO being requested to allow the Department to determine whether the proposal is necessary and reasonable for the program. For example, if you are requesting facility upgrades you would need to demonstrate the necessity of the upgrades, describe how you currently operate without the upgrades, and explain how the upgrades to your facility will link to the Schedule A and B of the Florida Opioid Allocation and Statewide Response agreement.]*

**Select how this will support Schedule A Strategies:**

**OR select how this will support Schedule B Strategies:**

**Name/Title of Requestor:**

**Date Signed:**