



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1313

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Generator to provide power during emergencies at ICF where 36 individuals with developmental disabilities and a wide range of physical, mental and behavioral challenges reside.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	195,000
<b>Total State Funds Requested</b>	<b>195,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	195,000	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 2023-2024</b>	<b>195,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	120,000		No

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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Barc Housing, Inc. received \$94,000 CARES Act Provider Relief Funds which were used for cleaning and sanitation supplies and equipment, PPE and wages for additional staffing and premium pay for residents in isolation and quarantine.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

07/11/2023

d. What is the estimated completion date of construction?

12/31/2023

12. 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.

Barc Housing, Inc.

### 13. 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: Other</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	Generator and related items required by applicable ACHA, Broward County and Town of Davie codes and regulations. Continuation project for the acquisition and installation and related items required by applicable ACHA, Broward County and Town of Davie codes and regulations. Project tasks include preparing area for generator concrete pad. Setting new concrete pad. Setting new PowerSecure 100KW three phase diesel generator and ATS and related switches, heaters, panels. Complete covering/landscaping	195,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>195,000</b>

### 14. Program Performance

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



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Continued support and services without interruption for residents with developmental disabilities at Barc Housing ICF during power outage in a safe and secure setting.

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

Full range of continued support and ICF services without interruption for residents with developmental disabilities at Barc Housing ICF during power outage in a safe and secure setting.

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

Continued ICF supports and services without interruption for residents with developmental disabilities at Barc Housing ICF during power outage in a safe and secure setting.

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

Barc Housing residents with developmental disabilities and significant health and behavior challenges; 36

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

ICF residents will have power in a safe and secure place during power outages. Maintain overall well being of residents as applicable to each of them.

**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 the contract?**

Reasonable notice and opportunity to cure.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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**



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e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number