

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 3233

| 1. Project Title | Fusion Women | 's Recovery Facilit | M. | | |
|--------------------------------|----------------------|---------------------|---|-----------------------|----------------------------|
| • | | 3 recovery r deling | y | | |
| 2. Senate Sponsor | Corey Simon | | | | |
| 3. Date of Request | 03/20/2023 | | | | |
| 4. Project/Program D | escription | | | | |
| program. The organ | nization has recentl | y purchased a 22,7 | thool into a residential 726 sq ft building on 7 continuing to offer outp | acres located in Bris | stol, Florida. The goal is |
| 5. State Agency to re | ceive requested f | unds Depart | ment of Children and F | amilies | |
| State Agency cont | acted? No | | | | |
| 6 Amount of the Nor | araquering Baguas | t for Eigaal Vaar 1 | 0022 2024 | | |
| 6. Amount of the Nor | ecurring Reques | t for Fiscal Teal 2 | | | 1 |
| Type of Funding | | | Ame | ount | 1 |
| Operations Fixed Capital Outla | | | | 2,000.000 | + |
| Total State Funds | | | | 2,000,000 | |
| | | | | _,-,-,-, | 1 |
| 7. Total Project Cost | for Fiscal Year 20 | 23-2024 (includin | g matching funds ava | ailable for this proj | ect) |
| Type of Funding | | | Amount | Percentage |] |
| Total State Funds F | Requested (from qu | estion #6) | 2,000,000 | 76% | |
| Matching Funds | | | | | |
| Federal | | | 0 | 0% | - |
| State (excluding the | e amount of this red | uest) | 0 | 0% | 1 |
| Local | | | 614,836 | | 1 |
| Other | | | 0 | 0% | |
| Total Project Cost | s for Fiscal Year 2 | 2023-2024 | 2,614,836 | 100% | |
| 8. Has this project pr | eviously received | state funding? | No | | |
| Fiscal Year | Am | ount | Specific | Vetoed |] |
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | 10000 | |
| | | | | | 1 |
| | | | | | |
| 9. Is future funding li | kely to be reques | ted? | No | | 7 |
| a. If yes, indicate i | nonrecurring amo | unt per year. | | | |
| b. Describe the so | urce of funding th | at can be used in | lieu of state funding | ı <u>.</u> | |
| | | | | <u> </u> | 1 |
| | | | | |] |
| 10. Has the entity red | questing this proje | ect received any f | ederal assistance rel | ated to the COVID- | 19 pandemic? |
| No | | | | | |
| If ves. indicate the | e amount of funds | received and wh | at the funds were us | ed for. | |
| , , | | | | - | |



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| 1 | | |
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| | | |
| | | |

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| a. What is the | | of the project? | |
|----------------------------|-----------------|-------------------------|--|
| Planning | ODesign | Construction | |
| b. Is the projec | t "shovel read | y" (i.e permitted)? | No |
| c. What is the | estimated start | t date of construction? | Once funds are received we will begin the process of getting the |

d. What is the estimated completion date of construction?

Not considered to the point of the po

project shovel ready.

Not certain at this

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.

| Fusion | Women's | Recovery |
|--------|---------|----------|
| | | |

13. 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: Other | | | |
| 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 | Renovations to a 22,726 sq ft building to include a new roof, new wiring, drywall, flooring, plumbing, sprinkler system, fire alarm, and kitchen/dining. | 2,000,000 | |
| Total State Funds Requested (m | Total State Funds Requested (must equal total from question #6) 2,000,000 | | |

14. Program Performance

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



15.

16.

□Local Entity

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The funds will be utilized to renovate the old Bethune School into a residential facility for a residential substance abuse

| | nization has recently purchased a 22,726 sq ft building on 7 acres located in Bristol, Florida. The goal nen in the in-patient program as well as continuing to offer out-patient services to recent graduates of |
|--|---|
| b. What activities | and services will be provided to meet the intended purpose of these funds? |
| Design and consti | ruction of a residential mental health and drug rehabilitation center for women. |
| c. What direct ser | vices will be provided to citizens by the appropriation project? |
| | n Services, Healthy lifestyle habits, life skills, employability skills, and healthy living environments will but this faith based program. |
| d. Who is the targ | et population served by this project? How many individuals are expected to be served? |
| | from drug addiction, domestic violence, sexual exploitation, and mental health disorders. The program se 40 women in the in-patient facility and also offer out-patience services. 50-100 patients could be |
| e. What is the exp | ected benefit or outcome of this project? What is the methodology by which this outcome will |
| be measured? | |
| To Improve and p addictions. | rotect the physical, mental, and emotional health of women suffering from various abuses and/or |
| Outcomes will be r | nonitored through quality of life surveys at predetermined intervals. |
| f. What are the su | ggested penalties that the contracting agency may consider in addition to its standard penaltie |
| for failing to meet | deliverables or performance measures provided for the contract? |
| Failure to meet the eliminate funding. | e goals and outcome objectives of this program would result in a discontinuation of services and |
| Requester Contact | Information |
| a. First Name | Donnie Last Name Read |
| b. Organization | Twin Oaks Juvenile Development, Inc. |
| c. E-mail Address | dread@twinoaksfl.org |
| d. Phone Number | (850)643-7698 Ext . |
| Recipient Contact | Information |
| a. Organization | Twin Oaks Juvenile Development, Inc. |
| b. Municipality and | 1 County Madison |
| c. Organization Ty | pe |
| □For Profit Entity | |
| ☑Non Profit 501(d | e)(3) |
| □Non Profit 501(c | 2)(4) |



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| | Iniversi | ty or | Col | lege |
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|--|----------|-------|-----|------|

□Other (please specify)

| d. First Name | Donnie | Last Name | Read |
|-------------------|----------------------|-----------|------|
| e. E-mail Address | dread@twinoaksfl.org | | |
| f. Phone Number | (850)643-7698 | | |

17. Lobbyist Contact Information

| a. Name | Chip Case |
|-------------------|---------------------------------|
| b. Firm Name | Jefferson Monroe Consulting LLC |
| c. E-mail Address | chip@jeffersonmonroe.com |
| d. Phone Number | (850)544-2222 |