



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1184

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

Renovate the Centerstone Inpatient Campus. Built in the 1980s the building is in dire need of modernization and structural improvements. Includes upgrading plumbing, a/c, a new roof, and other repairs due to damage from leaks, destructive patients, and weather. This includes a new generator system that will power the entire campus in the event of power outages such as those experienced during Hurricane Ian. Develop Samoset Community Resource Center to serve low- and moderate-income Floridians. The SCRC will be a comprehensive unified community client services hub in the heart of the Samoset community providing a comprehensive array of affordable, coordinated, mental health and substance use treatment, vocational services, social services, and recovery support services for individuals who are homeless (or at-risk of homelessness) and who experience mental health, substance use, and/or co-occurring disorders.

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	3,000,000
Total State Funds Requested	3,000,000

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)	3,000,000	82%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	650,000	18%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	3,650,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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?**



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Yes

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

Centerstone has received assistance for the cost of Personal Protective Equipment (PPE) from FEMA (\$267K), for the cost of technology for telehealth from FCC (\$147K), and for revenue loss from HHS (\$261K).

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

Centerstone of Florida, Inc.; owner same as entity.

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 and repairs to address structural issues and modernize 1980's buildings, install a new generator system, new roof system, upgrade plumbing, electrical, and a/c; including engineering, architectural services, land/planning requirements and construction services.	3,000,000
Total State Funds Requested (must equal total from question #6)		3,000,000

14. Program Performance

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



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Capital project. Funds be used for renovations and repairs to structurally improve and modernize the 1980's building that serves as housing for our inpatient treatment campus and to develop a new Samoset Community Resource Center.

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

Capital project. Funds will be used for renovations and repairs. The renovated buildings will contain program and staff who will provide mental health and addiction treatment services.

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

Housing programs and services, care coordination, mental health and addiction treatment, trauma services, employment training/rapid job placement, transportation assistance, SOAR benefits assistance, educational programs to increase financial literacy and meet the needs of people for whom English is a second language, and Medication Assisted Treatment (MAT).

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

People of all ages in low and/or moderate income families, people with all types of mental health and addiction disorders; The facilities serve 1,820 individuals at the resource center and 3,500 individuals in the inpatient building.

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

Decrease symptoms of mental health disorders; prevent arrests, prevent or ameliorate homelessness; reduce the negative impact of trauma; mental status exam. Self report.

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?

Return of unspent funds.

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)



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d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number