

LFIR # 1681

| Type of Funding Operations | | | Amou | 0 | + | | |
|--|---|-------|--|-------------------------------------|------|--|--|
| - | | | | 1,750,000 | | | |
| Fixed Capital Outla | • | | | · · · | | | |
| - | • | | | 1,750,000 | | | |
| Fixed Capital Outla Total State Funds 7. Total Project Cost | • | | | lable for this proj | - | | |
| Fixed Capital Outla Total State Funds 7. Total Project Cost Type of Funding | Requested for Fiscal Year 2023-2024 (incl | | Amount | lable for this proj | ect) | | |
| Fixed Capital Outla Total State Funds 7. Total Project Cost Type of Funding Total State Funds | Requested | | | lable for this proj | ect) | | |
| Fixed Capital Outla Total State Funds 7. Total Project Cost Type of Funding Total State Funds Matching Funds | Requested for Fiscal Year 2023-2024 (incl | | Amount 1,750,000 | lable for this proje Percentage 39% | ect) | | |
| Fixed Capital Outla Total State Funds 7. Total Project Cost Type of Funding Total State Funds | Requested for Fiscal Year 2023-2024 (incl | | Amount | lable for this proj | ect) | | |
| Fixed Capital Outla Total State Funds 7. Total Project Cost Type of Funding Total State Funds Matching Funds Federal | Requested for Fiscal Year 2023-2024 (incl | | Amount 1,750,000 | lable for this proje Percentage 39% | ect) | | |
| Fixed Capital Outla Total State Funds 7. Total Project Cost Type of Funding Total State Funds Matching Funds Federal | Requested for Fiscal Year 2023-2024 (incl Requested (from question #6) | | Amount 1,750,000 1,500,000 | Percentage 39% | ect) | | |
| Fixed Capital Outla Total State Funds 7. Total Project Cost Type of Funding Total State Funds Matching Funds Federal State (excluding the | Requested for Fiscal Year 2023-2024 (incl Requested (from question #6) | | 1,750,000 1,500,000 0 | Percentage 39% 34% 0% | ect) | | |
| Fixed Capital Outla Total State Funds 7. Total Project Cost Type of Funding Total State Funds Matching Funds Federal State (excluding the Local Other | Requested for Fiscal Year 2023-2024 (incl Requested (from question #6) | | 1,750,000 1,500,000 0 1,200,000 | Percentage 39% 34% 0% 27% | ect) | | |
| Fixed Capital Outla Total State Funds 7. Total Project Cost Type of Funding Total State Funds Matching Funds Federal State (excluding the Local Other Total Project Cost | Requested Requested (from question #6) Re amount of this request) | | 1,750,000 1,500,000 0 1,200,000 0 4,450,000 | Percentage 39% 34% 0% 27% | ect) | | |
| Fixed Capital Outla Total State Funds 7. Total Project Cost Type of Funding Total State Funds Matching Funds Federal State (excluding the Local Other Total Project Cost | Requested Requested (from question #6) Re amount of this request) ts for Fiscal Year 2023-2024 | g? No | 1,750,000 1,500,000 0 1,200,000 0 4,450,000 | Percentage 39% 34% 0% 27% | ect) | | |

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



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|---|----|--|
| | | |

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

2,242,598 has been received through CARES act and PPP. Funds have been used for agency operating expenses, client fees and payroll. \$800,00 was allocated to this project.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| 1 | 1 | C+ | atu | | ٥f | Con | etr | uct | ior | |
|---|---|-----|-----|----|----|-----|------|-----|-----|---|
| 1 | 1 | Sta | atu | IS | OT | Con | ıstr | uct | ıor | 1 |

| a. | What | is the | current | phase | of the | project? |
|----|------|--------|---------|-------|--------|----------|
| | | | | | | |

| OPlanning ODesign | | |
|-----------------------------------|-----------------------------|-----------|
| b. Is the project "shovel ready" | (i.e permitted)? | Yes |
| c. What is the estimated start da | June 2023 | |
| d. What is the estimated comple | etion date of construction? | June 2024 |

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.

The facility is owned by the Guidance/Care Center, a 501(c)(3) non-profit facility.

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 | r Renovation: | | | | |
| Construction/Renovation/Land/ Planning Engineering | Constructing a new assisted living facility on the same property and include capital improvements such as the isolation rooms, commercial kitchen and code upgrades. Includes subsequent tearing down of the current building so that residents are not displaced. | 1,750,000 | | | |
| Total State Funds Requested (m | ust equal total from question #6) | 1,750,000 | | | |

14. Program Performance

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



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The Heron ALF provides critical,safe, stable and affordable housing to 16 low-income adults, with severe and persistent mental illness and/or a history of substance use disorder. The rebuild constructs a new assisted living facility including isolation rooms (COVID) and code upgrades. This independent living keeps residents close to their families and diverts from institutions like the state hospital or jail and prevents homelessness.

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

Permanent housing and supportive services for 16 adults who require an assisted living facility due to their mental health condition.

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

Permanent housing with staff support to adults with chronic and persistent mental illness. This project replaces the existing deteriorating property and expands to reinstate full capacity of 16 individuals. Staff supports focus on helping these adults with independent living skills in a group environment.

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

The target population is Adult Florida residents in need of assisted living due to their chronic and/or persistent mental illness. The Heron provides permanent housing to 16 adults who otherwise would be in institutions like the state hospital, jail or just homeless.

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

| Number | of in | dividual | s housed |
|--------|-------|----------|----------|
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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?

Mandatory corrective action and performance improvement activities. Without improvement, return of funds.

| 5. Requester Contact | Information | | | | | |
|-----------------------|-----------------------------------|-----------|----------|--|--|--|
| a. First Name | Maureen | Last Name | Dunleavy | | | |
| b. Organization | Guidance/Care Center | | | | | |
| c. E-mail Address | maureen.dunleavy@west | care.com | | | | |
| d. Phone Number | (305)434-7660 | Ext. | 31221 | | | |
| 6. Recipient Contact | Information | | | | | |
| a. Organization | Guidance/Care Center, In | C. | | | | |
| b. Municipality and | b. Municipality and County Monroe | | | | | |
| c. Organization Ty | ре | | | | | |
| □For Profit Entity | | | | | | |
| ☑Non Profit 501(d | c)(3) | | | | | |
| □Non Profit 501(c)(4) | | | | | | |
| □Local Entity | | | | | | |
| □University or Co | llege | | | | | |



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□Other (please specify)

d. Phone Number (850)224-1900

| d. First Name | Maureen | Last Name | Dunleavy | | |
|----------------------------------|-----------------------|-----------|----------|--|--|
| e. E-mail Address | maureen.dunleavy@west | care.com | | | |
| f. Phone Number | (305)896-5964 | | | | |
| 17. Lobbyist Contact Information | | | | | |
| a. Name | Travis W. Blanton | | | | |
| b. Firm Name | Johnson & Blanton | | | | |
| c. E-mail Address | cheryl@teamjb.com | | | | |