



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2104

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Youth Crisis Center is seeking funding for the construction of a 12-unit housing complex that would house up to 12 pregnant young adults or young adult mothers with their children who are homeless. The Maternity Independent Living program would consist of 12 permanent modular homes that would create a village-style complex on Youth Crisis Center's Jacksonville campus. This program would serve residents ages 18-24. The mother and her child may reside in the program until the child is 21 months old, at which time the program would assist with transitioning the child and mother to affordable, permanent, safe housing in the community. Each young adult (resident) will receive life skills training, mental health therapeutic services, a fully furnished home, parenting skills and support, educational support and monitoring, employment skills training, transportation as needed, case management, access to meals and proper nutrition classes, and access to childcare and medical and dental care.

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	24,000
Fixed Capital Outlay	915,720
<b>Total State Funds Requested</b>	<b>939,720</b>

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	939,720	90%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	100,000	10%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,039,720</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

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

9. **Is future funding likely to be requested?**  No
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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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.

YCC received \$541,810 in PPP money that provided payroll assistance during the pandemic. This was forgiven in 2021. Youth Crisis Center was considered essential business and did not close during the pandemic.

## 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    
  N/A

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.

Youth Crisis Center does not have an owner as it is a 501c3. It has a President and CEO and operates under the supervision of 20 volunteer Board of Directors.

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	Home furnishings \$24,000 for 12 units (crib \$133, twin bed frame \$53, twin and crib mattresses \$200, changing table with table top \$194, refrigerator \$450, microwave \$100, loveseat \$370, TV with wall mount \$210, small table and two chairs \$290)	24,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		



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Construction/Renovation/Land/ Planning Engineering	12 modular units built to Florida Building Code standards permanently attached to property. Exterior cement siding; full gable front porch with composite floor decking; vinyl railings on porches; solid 2x4 wall construction; 2-hour fire wall constructed between units; ribbed panel metal roofing; fiberglass entry door with window blind insert; white vinyl double-paned insulated, Lowe windows; engineered floor decking; spray foam insulation in walls, ceiling, and floor system	915,720
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>939,720</b>

#### 14. Program Performance

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

The goal of the program is to provide safe housing to homeless young adults ages 18-24 and their children while developing self sufficiency and parenting skills to young mothers. This includes life skills training, career development training, academic support, mental health services, access to child care, parenting classes, transportation, access to medical/dental care, meals, and aftercare. The focus areas include trauma, mental health, substance abuse/use, bullying, education, violence, homelessness, and family discord. Each home is designed as a single unit to accommodate one family in each home with two separate living spaces. Each unit has a room to accommodate a bed, a crib, changing table with drawers, loveseat, and dinette set. Each large bathroom has a closet with drawers and a closet rod for hanging items. The kitchen is equipped with a refrigerator, cooktop, and microwave. The homes will be located on Youth Crisis Center's property, which is owned by the agency.

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

- \*evidenced-based life skills assessment, which assists in identifying what skill sets young adults possess and what training is needed for self-sufficiency.
- \*weekly career development training
- \*daily life skills training
- \*financial literacy training
- \*housing
- \*meals
- \*transportation to appointments or grocery store as needed and appropriate
- \*weekly academic support and monitoring
- \*onsite mental health therapy and psychiatric services, including medication management as medically necessary per the client's treatment plan
- \*monthly resident/child activities, which may include visits to a park, playground, or any activity that assists in fostering healthy bonds between mother and child and relationships with others
- \*resident expenses, which may included emergency funds for medication, clothing for employment uniform, school-related application fees, fees for drivers license/permit, essentials for the young children, etc
- \*child-care assistance

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

Each resident will be assessed by an independent living specialist utilizing the Ansell Casey Life Skills assessment. The resident and IL specialist will develop a service plan to discuss goals of the program and path to self sufficiency. The resident will develop a treatment plan with her therapist; receive a minimum of two life skills classes per week; receive career development training and on-site meals approved by a registered dietitian and provided by the agency's food service team; mental health therapy and psychiatric services; academic support, which includes attending various appointments at the resident's school; assistance in completing school-related documents; recreational activities; transportation to child care; nutrition classes; parenting classes; and aftercare.

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

Young adults (clients) ages 18-24 who are homeless and pregnant or have children (who are less than 21 months old). The young adults may be experiencing mental health and physical health concerns, poor academic performance in high school or college/trade school, at-risk of dropping out of school, unemployed, economically disadvantaged, at-risk of entering the criminal or dependency system, or have been in the delinquency system. The program can serve 12 clients plus their children at a time with the expected length of stay to be six months. the maternity independent living program expects to serve 30 residents (the adults) per year. Residents may be served from Baker, Clay, Duval, Nassau, and St Johns Counties. The program is located in Duval County.

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



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be measured?

To improve the residents mental health well-being by an improved FARS (Functional Assessment Rating Scale) score after six months of therapy is received. Each resident will have stable, safe housing as a deficiency can impair one's overall performance in school and work; improved academic performance as evidenced by grades and attendance through academic assistance; receive a high school diploma or GED if applicable; aid in the prevention of criminal activity, abuse reports, and homelessness leading to self-sufficiency. This program aims to eliminate criminality due to stability; eliminate possible child abuse by providing parenting skills and mental health care; create job opportunities upon completion of career development training through employment partnerships with local businesses; enhance or develop self-sufficiency skills to eliminate homelessness as evidenced by life skills post-test scores.

**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?**

Penalties are defined in the contract with funder.

**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**

**e. E-mail Address**

**f. Phone Number**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**



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d. Phone Number