



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** CINS Youth Shelter Replacement

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**

Capital funding to built a new shelter for youth in crisis.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Juvenile Justice

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	1,500,000	1,500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	150,000	9.1%
Other	0	0.0%
TOTAL	150,000	9.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,650,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2016-17

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY <u>2017-18</u></b>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

Replace current facility to provide safe and improved programming.

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

To construct a new youth crisis shelter for youth age 10-17.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	All funds will be used for construction for a new shelter	1,500,000
TOTAL		1,500,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Facility for youth 10-17 in need of temporary services.

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

Youth in crisis or high risk between age 10-17. Expected to serve 280 annually.

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

Provide a safe facility to provide services for youth in crisis.

**g. 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 in the contract?**

Not determined at this time

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

Facility will be dedicated for use as a youth shelter

**13. Requestor Contact Information:**

- a. **Name:** Tommy Lane
- b. **Organization:** CDS Family & Behavioral Health Services, Inc.
- c. **Email:** tlane@marketch.us
- d. **Phone Number:** (352)870-0008

**14. Recipient Contact Information:**

- a. **Organization:** CDS Family & Behavioral Health Services, Inc.
- b. **County:** Alachua
- c. **Organization Type:**
  - ☐ For Profit
  - ☒ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. **Contact Name:** Tommy Lane



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e. E-mail Address: tlane@marketech.us

f. Phone Number: (352)870-0008

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: