



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1107

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

4. **Project/Program Description**

Capital funding to build a new shelter for youth in crisis i.e. runaway, truant, ungovernable, lock-out, domestic violence, respite, human trafficking.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

| Type of Funding | Amount |
|------------------------------------|--|
| Operations | <input style="width: 80%;" type="text" value="000"/> |
| Fixed Capital Outlay | <input style="width: 80%;" type="text" value="500,000"/> |
| Total State Funds Requested | 500,000 |

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

| Type of Funding | Amount | Percentage |
|--|--|---|
| Total State Funds Requested (from question #6) | <input style="width: 80%;" type="text" value="500000"/> | <input style="width: 80%;" type="text" value="56.0 %"/> |
| Matching Funds | | |
| Federal | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0 %"/> |
| State (excluding the amount of this request) | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0 %"/> |
| Local | <input style="width: 80%;" type="text" value="400,000"/> | <input style="width: 80%;" type="text" value="44 %"/> |
| Other | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0 %"/> |
| Total Project Costs for Fiscal Year 2020-2021 | 900,000 | 100 % |

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

If yes, provide the most recent instance:

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--|--|--|--|--|
| | Recurring | Nonrecurring | | |
| <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

| Spending Category | Description | Amount |
|--|---|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | |
| Other Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Operational Costs: Other | | |
| Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Year 1-Site preparation, building plans, and begin construction of a 20 bed licensed facility to provide services for approximately 300 youth annually. Year 2-Request additional 500,00 in year 2021-22. Along with the CDS match dollars of 400,000 will complete construction on project. | 500,000 |
| Total State Funds Requested (must equal total from question #6) | | 500,000 |



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11. Program Performance

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

Replace the current facility, which was built in 1955, to provide a safe and improved shelter and programming.

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

To begin construction a new youth shelter to serve populations consistent with F.S. 984.

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

To begin construction on a shelter to serve youth ages 10-17 in need of temporary services.

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

Youth ages 10-17 in crisis or exhibiting high risk behaviors. Expected to serve 300 youth annually.

e. 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 to youth in crisis. To reduce the number of youth committing crimes resulting on adjudication of delinquency. All youth are entered into a state DJJ information system and checked annually for adjudication.

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 in the contract?

Not determined at this time.



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12. **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.**

CDS Family & Behavioral Health Services, Inc. will own and operate the facility as a youth shelter to provide services as outlined in F.S. 984.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.