



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1735

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

4. **Project/Program Description**

With changes in the federal laws (FFPSA) surrounding sheltering/residential placements for children in dependency cases, Florida will face a crisis in Fall 2021 when the state waiver ends. An option is for the State to invest in Qualified Residential Treatment Programs (QRTP) which bring together elements of treatment with temporary housing for minors. A few of these programs currently operate in Florida. As other residential and sheltering programs become ineligible for funding in late 2021, the remaining option is to have adequate QRTP capacity. The Centers, the largest behavioral health provider in Marion County, currently has extensive outpatient and community programming for children. It also has a temporary sheltering program for children, especially those in dependency/ out-of-home placements. This request is for one-time, fixed capital outlay funding to build a QRTP facility on its main campus in an effort to avoid a placement crisis for the North Central region.

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="750,000"/>
Total State Funds Requested	750,000

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="750000"/>	<input style="width: 80%;" type="text" value="75.0"/> %
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="250,000"/>	<input style="width: 80%;" type="text" value="25"/> %
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	1,000,000	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		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction of facility to function as temporary placement for children / Qualified Residential Treatment Program.	750,000
Total State Funds Requested (must equal total from question #6)		750,000



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11. Program Performance

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

Prevention of placement crisis for dependency cases due to the implementation of federal FFPSA.

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

Non-recurring funding to build facility. Once facility is built, ongoing operations will occur without direct appropriation requests. Children will receive temporary placement and behavioral health services required of QRTP programming.

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

The appropriate request will not provide direct services to citizens (dependency cases), but will permit services to be provided to children that include housing / placement and behavioral health services.

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

Minors, under age 18, particularly those involved with child dependency / community-based care agencies / lead agencies.

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

Reduction of homelessness for dependency children; reduction of repeated / sequential placements for dependency children; compliance with federal mandates regarding placements of dependency children.

- 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?

Return of unspent funding.



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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.**

The owner of the facility is The Centers, a non-profit, 501 (c) (3) organization. Funding exclusively to be used for purpose of building necessary facility.

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.