



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2921

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This is a renovation project for Life Management Center of Northwest Florida's Circuit 14 Crisis Stabilization Unit. The project funding will provide for renovation and safety improvements for the staff, clients, and the community within an existing Baker Act receiving facility originally constructed in 1992.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 0 |
| Fixed Capital Outlay | 750,000 |
| Total State Funds Requested | 750,000 |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|----------------|-------------|
| Total State Funds Requested (from question #6) | 750,000 | 88% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 100,000 | 12% |
| Total Project Costs for Fiscal Year 2023-2024 | 850,000 | 100% |

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.

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

Yes

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



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\$2.8 million Payroll Protection Program (PPP) loan forgiveness received from the Small Business Association (SBA). No federal assistance has been obtained for this project.

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

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

09/01/2023

d. What is the estimated completion date of construction?

06/30/2024

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.

Facility is fully owned by Life Management Center of Northwest Florida, Inc., a private non-profit 501(C)3 entity serving Circuit 14.

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 Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | This is a renovation project for the Circuit 14 Baker Act receiving facility for mentally ill adults. | 750,000 |
| Total State Funds Requested (must equal total from question #6) | | 750,000 |

14. Program Performance

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

Provide for increased safety, security, and capacity for adult Baker Act patients receiving crisis stabilization unit services in Circuit 14. Increase diversion from state hospitalization and improve safety for staff and the communities served.

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

This is a licensed Baker Act receiving service and facility.



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

This is a licensed Baker Act receiving service and facility.

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

Mentally ill adults meeting Florida Baker Act criteria are served in a currently licensed 16 bed capacity facility. Approximately 800 persons served annually.

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

Renovations provide for increased safety, security, and diversion from state hospitalization. Census and recidivism data will be maintained.

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?

Reduce funding if required.

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



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b. Firm Name

c. E-mail Address

d. Phone Number