



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1469

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

4. Project/Program Description

Funding for the construction of a new 32-bed women's Behavioral Health Hospital with capacity to expand to 64 beds. This facility will provide a much needed safe space to provide care for women who have experienced trauma including sexual assault, human trafficking, and domestic violence. It will also provide services to women experiencing postpartum depression and other behavioral health disorders. These experiences can have a profound impact on their mental health and well-being. Mental health conditions affect women at a higher rate than men and in recent years, there has been an increase in opioid use and overdose deaths among women in Florida. A women's-only hospital can offer trauma-informed care in a safe and supportive environment where female patients may feel more comfortable discussing their experiences and working through their trauma.

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	0
Fixed Capital Outlay	3,000,000
Total State Funds Requested	3,000,000

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)	3,000,000	29%
Matching Funds		
Federal	2,000,000	19%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	5,500,000	52%
Total Project Costs for Fiscal Year 2024-2025	10,500,000	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?



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

\$1,046,600 – PPP funds used for payroll; \$4,560 – HHS Stimulus used for operating; \$43,783 – HHS Stimulus used for operating;

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.

Gracepoint is the owner.

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	Construction of an inpatient care facility with 32 beds to provide comprehensive care for women who are suffering from neurological diseases and mental health issues. This will also provide a collaborative learning and educational environment with USF to train the next generation of Behavioral Health practitioners.	3,000,000
Total State Funds Requested (must equal total from question #6)		3,000,000

14. Program Performance

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



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

These funds will allow Gracepoint to construct a new behavioral health hospital specifically for women. The project will provide a building which will serve women of all ages and provide treatment for those suffering from mental, neurological, and behavioral illnesses due to trauma and other socioeconomic factors. This will also provide a collaborative learning and educational environment with USF to train the next generation of Behavioral Health practitioners

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

Once completed, the behavioral health hospital will provide care and treatment to patients suffering from mental, neurological, and behavioral illnesses.

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

Over 2,500 women who experienced trauma including sexual assault, human trafficking, and domestic violence would receive services annually. Populations include Persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons, Homeless, Developmentally disabled, Physically disabled, and Victims of crime.

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

The facility will include a multi-disciplinary team to address issues that disproportionately affect women and which is something sorely lacking in the county, and generally, the entire Tampa Bay region. The intentional therapies will reduce hospitalizations and expedite reintegration of the patient into their social network and community. There will be an overall reduction in readmissions and better mental and physical health outcomes.

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?

Return of funds to the administering agency.

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)



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- 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

d. Phone Number