



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Agape Village Health Center

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/20/2018

4. **Project/Program Description:**

Funding for construction of the "Agape Village", a Community Health & Residential Treatment Facility, expanding capacity from 62 beds to 141 beds with an Educational & Vocational Center, Clinic & Wellness Center, Supported Housing Units/Cottages, and a Preschool/Early Education/Day Care Center.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
	2,900,000	2,900,000

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)	2,900,000	50.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	2,900,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 5,800,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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

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

Yes

a. If yes, indicate non-recurring amount per year.

\$2,900,000

11. Program Performance:

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

Capital construction funding to expand the facilities for Integrated Behavioral Health and Primary Care Services.

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

Psychiatry, Medication Assisted Treatment, Assessment, Therapy and Case Management.

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		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Funding for construction of the "Agape Village", a Community Health & Residential Treatment Facility, expanding capacity from 62 beds to 141-beds with an Educational & Vocational Center, Clinic & Wellness Center, Supported Housing Units/Cottages, and a Preschool/Early Education/Day Care Center.	2,900,000
TOTAL		2,900,000

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

Integrated Behavioral Health and Primary Care Services.

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

Elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, and homeless persons.

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

Access to timely integrated behavioral health and primary care for uninsured and underinsured low-income residents; increases in medication management; decreases in hospitalizations/institutional settings; and decreases in criminal justice costs associated with involvement in crime/infractions by those experiencing mental illness.

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?

Return of funds.

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.

N/A



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13. Requestor Contact Information:

- a. **Name:** Claudio Perez
- b. **Organization:** Agape Network dba of South Florida Jail Ministries, Inc.
- c. **Email:** CPerez@HCNetwork.org
- d. **Phone Number:** (305)694-4040

14. Recipient Contact Information:

- a. **Organization:** Agape Network
- b. **County:** Miami-Dade
- 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:** Claudio Perez
- e. **E-mail Address:** CPerez@HCNetwork.org
- f. **Phone Number:** (305)694-4040

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**