



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1083

1. **Title of Project:** CINS Youth Shelter Replacement

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 01/14/2019

4. **Project/Program Description:**

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

5. **State Agency to receive requested funds :** Department of Juvenile Justice

State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	1,500,000
Total State Funds Requested	1,500,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,500,000	90.91%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	150,000	9.09%
Total Project Costs for Fiscal Year 2019-2020	1,650,000	100.0%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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

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		



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Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Site preparation, building plans and construction of a 20 bed licensed facility to provide services for approximately 300 youth annually.	1,500,000
Total State Funds Requested (must equal total from question #6)		1,500,000

11. Program Performance:

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**
Replace current facility to provide safe and improved programming.
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
To construct a new youth shelter to serve populations consistent with F.S. 984.
- c. **What are the direct services to be provided to citizens by the appropriations project?**
Construct a shelter to serve youth 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 high risk. Expected to serve 280 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 in 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.

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.

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

13. Requestor Contact Information:

- a. **Name:** Tommy Lane
- b. **Organization:** CDS Family & Behavioral Health Services, Inc.



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c. **E-mail Address:** tlane@marketech.us

d. **Phone Number:** (352)870-0008

14. Recipient Contact Information:

a. **Organization:** CDS Family & Behavioral Health Services, Inc.

b. **County:** Alachua

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:** Jim Pearce

e. **E-mail Address:** jim_pearce@cdfsfl.org

f. **Phone Number:** (352)318-9400

15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**