



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2149

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

2. **Senate Sponsor:** Manny Diaz

3. **Date of Submission:** 03/04/2019

4. **Project/Program Description:**

Provides funding for the construction of the Agape Village Health Center, a community health and residential treatment facility. The funding will be used to expand the facility from 62 beds to 141 beds. The facility will provide an educational and vocational center, supported housing units/cottages and a preschool/early education/day care center.

5. **State Agency to receive requested funds :** Department of Children and Families

State Agency Contacted? No

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

Type of Funding	Amount
Operations	
Fixed Capital Outlay	2,500,000
<b>Total State Funds Requested</b>	<b>2,500,000</b>

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)	2,500,000	77.43%
Federal	0	0.00%
State (excluding the amount of this request)	500,000	15.49%
Local	76,000	2.35%
Other	152,700	4.73%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>3,228,700</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		500,000	380C	No

9. **Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. \$100,000

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
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<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Funding for the 'Agape Village Health Center", a community Health and Residential Treatment Facility. Expanding from 62 beds to 141 Beds with an educational and Vocational Center, supported Housing Units/ Cottages and a Preschool/Early Education/Day Care Center. Clients will be served through an integrated behavioral health and primary care medical home that moves clients toward a quicker recovery and self-sufficiency with a continuum of care into the community.	2,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,500,000</b>

**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, residential treatment, Medication Assisted Treatment, assessment, therapy, case management and care coordination.

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

Integrated behavioral health and primary care services.

**d. 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 homeless. A total of 2,500 individuals are expected to be served annually.

**e. 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



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decreases in criminal justice costs associated with involvement in crime/infractions by those experiencing mental illness.

- 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 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.**

Agape Network, Inc. The corporation has no individual owners.

- 13. Requestor Contact Information:**

- a. **Name:** Claudio Lopez
- b. **Organization:** Agape Network, inc.
- c. **E-mail Address:** Cperez@HCNetwork.org
- d. **Phone Number:** (395)694-4040

- 14. Recipient Contact Information:**

- a. **Organization:** Agape Network Inc
- 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. Lobbyist Contact Information**

- a. **Name:** Vicki Lopez
- b. **Firm Name:** VLL consulting
- c. **E-mail Address:** vllconsulting@icloud.com
- d. **Phone Number:** (305)216-7794