



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2396

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

4. **Project/Program Description**

Provides for the renovation/rehabilitation of old classroom spaces in the City of Green Cove Springs in Clay County to be used by local medical and behavioral health provider organizations to deliver various social services, including mental health and substance abuse counseling, to individuals in need.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 100%;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="350,000"/>
Total State Funds Requested	350,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 100%;" type="text" value="350000"/>	<input style="width: 100%;" type="text" value="100.0 %"/>
Matching Funds		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
Local	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
Other	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
Total Project Costs for Fiscal Year 2020-2021	350,000	100 %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

If yes, indicate nonrecurring amount per year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2396

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		[]
Consultants/Contracted Services/Study		[]
Operational Costs: Other		
Salary and Benefits		[]
Expense/Equipment/Travel/Supplies/Other		[]
Consultants/Contracted Services/Study		[]
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Rehab 5 old classroom spaces to be used for social service providers such as the Way Free Medical Clinic and/or Clay Behavioral Health Center, or any other such agency that would need space that would support the delivery of Social Services.	350,000
Total State Funds Requested (must equal total from question #6)		350,000



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2396

11. Program Performance

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

Centralizing additional Social Services to provide for better services and availability for clients. We have received letters of interest from the Way Free Medical Clinic and Clay Behavioral Health Center.

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

Free medical care to uninsured, low income residents from Clay County through the Way Free Medical Clinic and then Substance Abuse and Mental Health Counseling directly from Clay Behavioral Health Center as well as referrals for psychiatric evaluations, assistance with medication management, emergency support, domestic violence services, clothing and household support and childcare.

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

Free medical care to uninsured, low income residents from Clay County through the Way Free Medical Clinic and then Substance Abuse and Mental Health Counseling directly from Clay Behavioral Health Center as well as referrals for psychiatric evaluations, assistance with medication management, emergency support, domestic violence services, clothing and household support and childcare.

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

Elderly, persons with poor mental health, persons w/poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, developmentally disabled, physically disabled, Drug users, pre-school students, grade school students, high school students, drug offenders(in criminal justice), victims of crimes. Estimated clients would be 25,000 per year.

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

(1) Improve physical health - Provide critical counseling for those with mental health and substance abuse issues. Measure by tracking client progress resulting from treatment in compliance with HIPPA. (2) Improve mental health - Provide critical counseling for those with mental health and substance abuse issues. Measure by tracking client progress resulting from treatment in compliance with HIPPA. (3) Enhance specific individuals economic self sufficiency - Provide food pantry access, clothing and household support, employment support services and educational services. Measure by tracking client progress with limitations related to HIPPA. (4) Reduce substance abuse - Provide effective and affordable counseling to substance abusing clients through support and education. Measure by tracking client progress with limitations related to HIPPA.

- 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 funds; increase liquidated damages.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2396

12. **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.**

City of Green Cove Springs

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.