

LFIR # 1551

1. Project Title	Child Guidance Center Improvements

2. Senate Sponsor Audrey Gibson

**3. Date of Request** 11/30/2021

#### 4. Project/Program Description

Repairs, renovations, and health and safety updates to ensure the continuation of mental health services to children and their families at each of our 3 outpatient clinics serving Duval County. Funds are needed to repair a failing drain field and address physical site concerns, perform necessary renovations, and update the physical spaces of these outpatient clinics.

#### 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 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	300,000
Total State Funds Requested	300,000

#### 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	300,000	100%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	0	0%	
Total Project Costs for Fiscal Year 2022-2023	300,000	100%	

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

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

#### 9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

#### b. Describe the source of funding that can be used in lieu of state funding.

none - our allowable administrative overhead is between 10-12% on State contracts and does not provide for dollars to maintain aging buildings, especially with major structural concerns such as our failing drain field.

#### 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No

No



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

#### 11. 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/Majo	r Renovation:	· ·
Construction/Renovation/Land/ Planning Engineering	Sewage drain field \$110,000 AC repair (3 sites) \$40,000 Roofing (3 sites) \$80,000 lighting (3 sites) \$20,000 furniture, flooring (sanitary concerns) \$50,000	300,000
Total State Funds Requested (m	ust equal total from question #6)	300,000

#### 12. Program Performance

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

To keep our outpatient clinics open and ensure that clients are able to receive mental health services to achieve the objectives of each of their individual treatment plans.

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

Repair, renovation, health and safety updates to ensure the continuation of mental health services to children and their families at each of our 3 outpatient sites. Our administrative allowances do not provide the dollars necessary to update nor maintain non-profit aging buildings. Our failing drain field is an example of on ongoing problem that has caused operational difficulties and has prevented the provision of services for weeks at a time. Interior lighting and AC malfunctions, including building damage, cause concern for staff and difficulty for our clients. The COVID pandemic has surfaced issues of necessary cleaning and the type of surfaces and flooring needed to ensure sanitary conditions for children to sit, talk and play.

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

Funds will not go directly to programs but will be used to make needed changes to the physical sites where our services are provided. The primary issues are:

- 1.Failing drain field resulting in sewage back up into our building;
- 2.Leaking roofs at 2 clinic sites and roof is old at 3rd site;
- 3.A/C leaks causing damage between floors;
- 4.Safety concerns over fabric furniture and old carpets no longer capable of being fully sanitized;
- 5. Interior lighting (ballasts) no longer working at all 3 sites; and

6.Plumbing issues at another site.

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



We serve children, adolescents and their families. We provide direct services to 4,000 to 5,000 children, plus their family members.

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

Clients are able to receive mental health services to achieve the objectives of each of their individual treatment plans. Objectives focus on a decrease in: mental illness, physical and sexual abuse, domestic violence, behavioral issues at school thereby encouraging increased educational success and decreased criminal activity.

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?

If funds are not needed to cover physical infrastructure concerns then money will be returned to the State.

# 13. 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.

Child Guidance Center Foundation owns the facilities.



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### 14. Requestor Contact Information

	a. First Name	Theresa		Last Name	Rulien		
	b. Organization	Child Guidance Center					
	c. E-mail Address	theresa@cgcjax.org					
	d. Phone Number	(904)881-	(904)881-2407 <b>Ext.</b>				
15	15. Recipient Contact Information						
	a. Organization	Child Gui	dance Center				
	b. Municipality and	d County	Duval				
	c. Organization Ty	ре					
	□For Profit Entity						
	⊠Non Profit 501(c	:)(3)					
	□Non Profit 501(c	:)(4)					
	□Local Entity						
	□University or Co	ollege					
	□Other (please specify)						
	d. First Name	Theresa		Last Name	Rulien		
	e. E-mail Address	theresa@	cgcjax.org				
	f. Phone Number						
16	. Lobbyist Contact I	nformatio	n				
	a. Name	None					
	b. Firm Name	None					
	c. E-mail Address						
	d. Phone Number						