



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1215

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To better serve and reduce barriers to services for residents and the local underserved community, Tri-County and its partner Community Assisted and Supportive Living, Inc., (CASL) will build a 30,000 sq. ft. Community primary care, behavioral health and vocational treatment facility, co-located with an affordable housing community (funded by Florida Housing), to assist in reducing the impact on local emergency department, law enforcement, crisis stabilization and detox programs located in Polk County.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	6,700,000
Total State Funds Requested	6,700,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	6,700,000	22%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	22,000,000	73%
Local	0	0%
Other	1,600,000	5%
Total Project Costs for Fiscal Year 2023-2024	30,300,000	100%

8. Has this project previously received state funding?

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

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.

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



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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

☒ Planning ☐ Design ☐ Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

2/1/2024

d. What is the estimated completion date of construction?

3/31/25

12. List 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.

Tri-County Human Services, Inc. and Community Assisted and Supportive Living, Inc are both 501 (C) (3) organizations with no outside owners.

13. 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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Site development, engineering, architectural and construction costs to design and develop the community health center.	6,700,000
Total State Funds Requested (must equal total from question #6)		6,700,000

14. Program Performance

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

To provide a structure that will house primary, dental, behavioral health care and vocational training for the local affordable housing residents and the surrounding underserved community boarding the Jersey Commons development.

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



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The completed building will house primary care medical, laboratory, and x-ray services, mental health and substance use disorder treatment, and case management (linkage to other community services) to the community and housing residents. Vocational training addressing presentation skills, interviewing techniques, and job skills training will be available.

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

This building will house essential services for substance abuse and mental health treatment, including medication-assisted treatment. Additionally, primary and dental care will be available to the underserved individuals of the community and housing residents, vocational training addressing presentation skills, interviewing techniques and job skill training will be available.

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

The targeted population includes the following individuals: Persons with poor mental health, economically disadvantaged persons, homeless, drug users, currently and formerly incarcerated persons, drug offenders and users of local crisis systems in the county. It is estimated that the population served will be in excess of 700 individuals annually.

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

Expected benefits: Reduced admissions to the local emergency department for primary care emergencies; Reduced admissions to the local crisis stabilization and crisis detox programs as measured by comparing admissions to these facilities from the past year to current year admissions; Reductions of recidivism in the criminal justice system; Reductions in substance abuse through access to on-site services. Increased access to employment through vocational training to progress toward self-sufficiency and becoming a contributing member of the local community.

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 awarded funding, Tri-County Human Services will work with our Managing Entity and DCF to develop any necessary and appropriate penalties if performance measures are not met.

15. Requester Contact Information

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

16. 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



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☐ Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number