



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1751

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

Funding is requested to repair, renovate, update the physical space at each of our 3 agency owned outpatient clinics. Primary issues are: 1) Failing drain field at one site creating sewage back up into the building during times of excessive use and/or excessive rain; 2) Leaking roofs at 2 clinic sites & 3rd site roof is showing signs of age; 3) AC leaks causing damage to ceilings & floors; 4) Health & Safety concerns over fabric furniture, carpets and bathroom tile which is no longer capable of being fully sanitized; 5) Interior lighting ballasts failing at all 3 sites creating health concerns for those reporting neurological disorders; 6) Falling fence needs to be replaced to create safe outdoor therapeutic space; and 7) Unusable playground that won't pass inspection requiring either replacement or removal to again be an outdoor therapeutic space.

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	350,000
<b>Total State Funds Requested</b>	<b>350,000</b>

**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)	350,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>350,000</b>	<b>100%</b>

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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Yes

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

2020 - \$896K PPP Loan - Employee salaries and operational expenses to remain open  
 2020 - \$128K HHS CARES Act - Employee salaries and operational expenses to remain open  
 2021 - \$47K HHS CARES Act - Employee salaries and operational expenses to remain open.

## 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)?**

**c. What is the estimated start date of construction?**

**d. What is the estimated completion date of construction?**

**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.**

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Major construction renovations and improvements.	350,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>350,000</b>

### 14. Program Performance

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

The goal is to have our Outpatient sites remain open so clients are able to receive mental health services and achieve the objectives of each of their individual treatment plans.



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**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 an 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.

**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. Our numbers for direct service are 4000-5000 children plus their family members (not counted in those totals).

**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 the money will be returned to the State.

**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**