



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1642

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds being requested will replace the existing roofs on the Children's Harbor residential group care campus that provides 24/7 care and support to at-risk teenagers in the foster care system.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	439,878
Total State Funds Requested	439,878

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	439,878	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 2025-2026	439,878	100%

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

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

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

a. If yes, indicate nonrecurring amount per year.

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

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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

No

c. What is the estimated start date of construction?

07/31/2025

d. What is the estimated completion date of construction?

10/31/2025

e. What funding stream will be used for ongoing operations and maintenance of the project?

Estimated start date is contingent upon funding approval.

11. 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.

Children's Harbor, Inc is a nationally accredited 501c3
President | CEO, Tiffani Dhooge

12. 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		
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	Replace the existing roofs on the Children's Harbor residential group care campus that provides 24/7 care and support to at-risk teenagers in the foster care system.	439,878
Total State Funds Requested (must equal total from question #6)		439,878

13. Program Performance

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

The funds being requested will replace the existing roofs on the Children's Harbor residential group care campus that provides 24/7 care and support to at-risk teenagers in the foster care system.

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

Children's Harbor provides 24/7 shelter and wraparound therapeutic support for teenagers who have been removed from their families and placed in protective supervision (Foster care). The existing residential group home campus was built in 1999 and the warranty on the existing roofs has expired. To ensure compliance with licensing standards, replacing the roofs will offer better insulation, energy efficiency, decreased energy bills and ensure compliance with building codes. Most importantly, decrease the probability of mold exposure due to damaged/leaky roofs.



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

Children's Harbor provides 24/7 shelter and wraparound therapeutic support for teenagers who have been removed from their families and placed in protective supervision (Foster care). The organization also provides in-home counseling and support to hundreds of families in Broward County through our Family Strengthening program

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

Foster Teens (ages 13-18)

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

The existing residential group home campus was built in 1999 and the warranty on the existing roofs has expired. To ensure compliance with licensing standards, replacing the roofs will offer better insulation, energy efficiency, decreased energy bills and ensure compliance with building codes. Most importantly, decrease the probability of mold exposure due to damaged/leaky roofs. All permits and inspections are conducted by the City of Pembroke Pines.

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?

To ensure compliance with licensing standards, the agency must provide a safe home free from hazardous conditions. Licensing standards are outlined in Florida Statute and administrative code as well as operating procedures.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied



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- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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 **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.