



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1659

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Jersey Commons Capital Project asked for \$6,700,000 during the 2023-2024 FY. It was funded in line 387A under operations as a scrivener's error. DCF said the money is not available for capital construction. We did not receive these funds and are seeking a fix during the 2025 Session. We are also requesting the remaining \$3,350,000 to finish the project and are filing a 2nd LFIR.

5. **State Agency to receive requested funds**

State Agency contacted?

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	3,350,000
Total State Funds Requested	3,350,000

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)	3,350,000	12%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	24,234,580	88%
Total Project Costs for Fiscal Year 2025-2026	27,584,580	100%

8. **Has this project previously received state funding?**

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	3,350,000	387A	No

9. **Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

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? 03/03/2025

d. What is the estimated completion date of construction? 12/01/2027

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

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.

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

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	Site development, engineering, architectural and construction costs to design and develop the community health center.	3,350,000
Total State Funds Requested (must equal total from question #6)		3,350,000

13. Program Performance

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

To provide a structure to house primary, dental, behavioral health care and vocational training for the local affordable housing residents and the surrounding undeserved community boarding the Jersey Commons development. Please note: This request is the remaining half \$3.35M of the original \$6.7M request from FY 2023/24, since the funds were misappropriated in the special category #378. Due to this error the project has been delayed and the dates are now modified.

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



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Upon completion of this center, this center will house the medical and behavioral health services will provided to the resident and the surrounding under-served community. This will include primary care (laboratory, and x-ray services) and dental care, behavioral health care (to include substance abuse and mental health services), case management, supportive housing, care coordination and vocational training to residents.

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

This building will house essential services. These will include substance abuse/mental health treatment, including medication assistance treatment. Additionally, primary and dental care will be available to the under-served 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 included the following individuals: Persons with poor mental health, economically disadvantaged persons, homeless, drug users, currently and formerly incarcerated persons, dug 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 will include, 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 utilization of admissions. The facility will benefit by a reduction of barriers, such as, transportation reduction of recidivism in the criminal justice system. A reduction of substance abuse through access to services on site, access to employment through vocational training with will allow for progress to 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 in 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.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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#:



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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
- 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



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b. Firm Name

c. E-mail Address

d. Phone Number

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