



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1674

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

A Kid's Place of Tampa Bay is building a 12,750 sf Activity Center to better serve youth in foster care. The building will include a gym, pool, computer lab, training kitchen, educational classrooms, art, trade and music rooms as well as therapist offices and a large gathering space. This building and space will allow us to enhance services for youth in foster care focused on Mental and Physical Health and Education. Funding will furnish and equip the following: dedicated therapy rooms to address past trauma for our youth, arts/crafts, music and a fully equipped gym to provide mental and physical therapeutic outlets, a computer lab, tutoring areas, a training kitchen and space for programs focused on older youth to gain skills needed to prepare for successful adulthood.

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 | 500,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 500,000 |

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) | 500,000 | 8% |
| Matching Funds | | |
| Federal | 933,000 | 15% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 3,517,000 | 56% |
| Other | 1,350,000 | 21% |
| Total Project Costs for Fiscal Year 2025-2026 | 6,300,000 | 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 | | 147,600 | 315 | |

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.**
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

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 | Funds will be used to fully furnish and equip therapy, art, music, gymnasium, education, training kitchen and computer rooms. | 500,000 |
| 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 | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 500,000 |

13. Program Performance

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

These funds will help us provide enhanced and additional services to youth in foster care including but not limited to academic improvements, additional therapeutic services and family visitations provided, exposure to the arts, music and different vocations as well a safe place for youth to interact with their peers.

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



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Activities to support Mental and Physical health will include mental health therapy sessions, arts/crafts and music instruction for recreational and therapeutic purposes, and access to a gym for physical fitness. A computer lab will be available for academics and tutoring services, and additional rooms will provide mentoring, independent living skills and job training.

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

Mental health therapists will work with children to evaluate their thoughts, feelings, emotional reactions and behaviors utilizing various tools, interventions and de-escalation techniques. Academic tutoring, arts/crafts and music instruction will be available after school and during the summer months, and mentoring, independent living skills training and gym access will be available year-round.

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

Targeted population are homeless, at risk youth ages 5 - 22 years old and economically disadvantaged persons. We will serve 51 - 100 youth annually

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

- Increased physical well-being and fitness with year-round access to a gym, basketball court, and a pool.
- Access to increased mental health therapy sessions in a timely manner to address past trauma, support positive behaviors, provide de-escalation techniques and reduce risky behaviors. - Additional therapeutic outlets such as art, music and cooking will provide diversified therapy options.
- Larger gathering space will allow all residents and staff to celebrate different holidays and traditions together, and the training kitchen will be used to teach cooking skills as well as explore diverse cultural cuisine.
- A state-of-the-art computer lab will improve quality of education through the use of on-line schooling, age appropriate educational programs and software, tutoring and vocational training.

Participation in activities will be monitored by sign in sheets, therapist keep logs of all sessions, and academic improvements are measured quarterly.

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?

Repayment of the funds.

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



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a. Name

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.