

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

Jersey Commons - Project for Housing and Health

LFIR # 1679

2.	Senate Sponsor	Colleen Burton				
3.	Date of Request	2/17/2025				
4.	Project/Program De	scription				
	partner, Community A behavioral heath and (funded by Florida Ho	reduce barriers of services Assisted and Supportive Liv vocational treatment facility busing), to assist in reduction x programs located in Polk	ring, Inc., (C y within an a on of impact	CASL) will build a 30, affordable housing co	000 sq,ft. communit ommunity known as	ty primary care, s Jersey Commons
5.	State Agency to reco	eive requested funds	Departme	ent of Children and Fa	amilies	
;	State Agency contac	cted? Yes				
6. <i>i</i>		ecurring Request for Fisc	al Year 202			
	Type of Funding			Amo	unt O	
- 1	Operating Fixed Capital Outlay				3,350,000	
- 1	Total State Funds R	aguestad			3,350,000	
7. T	Total Project Cost fo	r Fiscal Year 2025-2026 (i	including n	-	ilable for this proje	ect)
	Type of Funding			Amount	Percentage	
Total State Funds Requested (from question #6)				3,350,000	11%	
- 1	Matching Funds		<u> </u>		20/	
	Federal			0	0%	
State (excluding the amount of this request)				3,350,000	11%	
-	Local			0	0%	
-	Other			24,234,580	78%	
	Total Project Costs	for Fiscal Year 2025-2026		30,934,580	100%	

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2023-24	0	3,350,000	387A	No

8. Has this project previously received state funding?

If yes, provide the most recent instance:

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.

Yes



10. Status of Construction

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a. What is the cu	urrent phase of t	the project?				
Planning	O Design	O Construction () N/A			
b. Is the project	"shovel ready"	(i.e permitted)?		No		
c. What is the es	stimated start da		03/03/2025			
d. What is the es	stimated comple	on?	12/01/2027			
e. What funding	stream will be u	used for ongoing opera	tions	and maintenance	of the project	?
1 List the owner	s of the facility t	o receive, directly or in	direct	ly any fixed canit	al outlay fund	ina Include

Tri-County Human Services, Inc. (TCHS)and Community Assisted and Supportive Living, Inc.

12. Details on how the requested state funds will be expended

relationship between the owners of the facility and the entity.

(CASL) are both 501 (C) (3) organizations with no outside owners.

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/Majo	r 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 heath 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.

	and	d appropriate penalties if performance measures are not met.
14	. Is t	his 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 infastructure)
	b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
15	. Has	s the entity applied for or received federal assistance for this project?
	□ Y	es, Applied
	□ Y	es, Received
		No
		No, but intends to apply
	a If	ves provide the FFMA project worksheet ID#



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b. Provide the total	project c	ost listed on the	e FEMA proj	ect workshee	et:		
16. Has the entity app	lied for or	received state	assistance	for this proje	ct (other than	this request	t)?
☐ Yes, Applied							
☐ Yes, Received							
□ No							
☐ No, but intends to	o apply						
a. If yes, specify the Commerce):		n and state agen	ncy (ex. Loca	al Governmer	nt Emergency	Bridge Loa	n, Department o
17. Requester Contact	t Informati	ion					
a. First Name	Robert		Last Name	Rihn			
b. Organization	Tri-Count	ty Human Service	es Inc.				
c. E-mail Address	Rrihn@to	hsonline.org	_				
d. Phone Number	(863)709	-9392	Ext.	1223			
18. Recipient Contacta. Organization		on ty Human Service	es Inc				
b. Municipality and			C3 1110.				
c. Organization Ty	-	. •					
□For Profit Entity	pc						
·	.) (0)						
☑Non Profit 501(c							
□Non Profit 501(d	c)(4)						
□Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Donn		Last Name	VanStee			
e. E-mail Address	Dvanstee	@tchsonline.org)				
f. Phone Number	(863)709	-9392	Ext.				
19. Lobbyist Contact I	nformatio	n					

Frank P. Mayernick Jr.

a. Name



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b. Firm Name	The Mayernick Group LLC	
c. E-mail Address	frank@themayernickgroup.com	
d. Phone Number	(850)251-8898	

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