



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1699

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

4. Project/Program Description

Project funds will be provided to Dayspring Village, Inc. in Nassau County to serve 16 individuals served by the statewide public guardianship program. Individuals served by this pilot must be legally represented by a court appointed public guardian. Population served must demonstrate a difficulty in obtaining or maintaining appropriate long-term placement due to their mental illness & behavioral past. Existing long-term care facilities do not meet this population groups needs due to the level of services required to protect these individuals from themselves and other residents of the facility, which requires 24-hour supervision 7-days per week. Dayspring Village has agreed to provide the supervision and services required to meet this population groups needs.

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 | 1,500,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 1,500,000 |

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) | 1,500,000 | 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 | 1,500,000 | 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 | | |
| | | | | |

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.**

Funding for these services is limited the Medicaid reimbursement. Given the complexities of the services required to serve this population appropriately, additional funding is necessary.



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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 | Project Manager salary and fringe benefits | 85,000 |
| Other Salary and Benefits | Administrative Assistant \$22/ hr x 2,280 hours | 50,160 |
| Expense/Equipment/Travel/Supplies/Other | Computers and printers - \$9,800 Travel - \$6,500 Supplies - \$15,000 | 31,300 |
| Consultants/Contracted Services/Study | \$8,000/ month x 12 months = \$96,000 - data collection, billing, payables | 96,000 |
| Operational Costs | | |
| Salary and Benefits | Nurse \$27/hr x 2,080 hours = \$56,160 Direct Care Workers \$37,440/yr x 5 = \$187,200 Care Coordinators \$44,500 x 2 = \$89,000 | 332,360 |
| Expense/Equipment/Travel/Supplies/Other | Food costs, cleaning services, internet services, laundry services, insurance, maintenance, beds, soft goods. | 905,180 |
| 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) | | 1,500,000 |

13. Program Performance

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



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Appropriate placement will reduce hospital ER visits, Baker Act facility visits, interactions with law enforcement, overnight stays in jails, and reduce homelessness thus resulting in an overall cost savings of 2-3 times to the taxpayer while providing this population with appropriate treatment and long-term placement. Long-term goal is for facilities across the state to replicate the same services for this population group.

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

The services include Psychiatric Mental Health Services, Educational Substance Abuse Programs and Progress Groups, Medication Management, Supportive, Therapeutic, Enrichment, and Companion Services, & Activities of Daily Living, Independent living skills services (assistance with ambulation, bathing, dressing, eating, and grooming), and 24-hour supervision that this population requires.

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

24-hour 7-days per week supervision, Assessment, Care Coordination, Psychiatric Mental Health Services, Educational Substance Abuse Programs and Progress Groups, Medication Management, Supportive, Therapeutic, Enrichment, and Companion Services, & Activities of Daily Living, Independent living skills services (assistance with ambulation, bathing, dressing, eating, and grooming).

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

Adult individuals who qualify for public guardianship and mental health services. It is expected that the pilot project will serve 16 unduplicated individuals.

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

Appropriate placement will reduce hospital ER visits, Baker Act facility visits, interactions with law enforcement, overnight stays in jails, and reduce homelessness thus resulting in an overall cost savings 2-3 times to the taxpayer while providing this population with appropriate treatment and long-term placement. The methodology by which this outcome will be measured will be documented by the number of placements in the pilot and cost savings realized by appropriate placement & treatment as compared to the cost to the taxpayer if the individuals are not appropriately placed (i.e., on the streets, in Baker Act facilities, jails, hospital ERs, etc.).

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?

Penalties outlined in contract between entity receiving funding and State Agency.

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



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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

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**



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e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

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.