

LFIR # 1750

1. Project Title	Florida Statewide Psycl	hiatric Treatn	nent Program for Chi	ldren-Facility	
2. Senate Sponsor	Tracie Davis				
3. Date of Request	2/13/2025				
4. Project/Program De	escription				
the purpose of our n foster care, and hom skills and supports r	 Daniel is the oldest child- nission "to improve the live neless services. We seek to necessary to become healt te of the art treatment facil 	s of children o ensure that hy, contributi	and families." To this t the most vulnerable ing citizens. The purp	s end, we offer men children and familio cose of this project i	tal health treatment, es are provided with the s to plan, design, and
5. State Agency to red	ceive requested funds	Departme	ent of Children and F	amilies	
State Agency conta	ected? Yes				
6. Amount of the Non	recurring Request for Fis	scal Year 202	25-2026		
Type of Funding			Amo	ount	
Operating				0	
Fixed Capital Outlay				1,000,000	
Total State Funds I	Requested			1,000,000	
7 Total Project Cast f	F' I V 0005 0000				
1. Total Project Cost f	or Fiscal Year 2025-2026	(including r	matching funds ava	ilable for this proj	ect)
Type of Funding	or Fiscal Year 2025-2026	(including r	Amount	Percentage	ect)
Type of Funding	equested (from question #				ect)
Type of Funding Total State Funds R Matching Funds			Amount 1,000,000	Percentage 19%	
Type of Funding Total State Funds R Matching Funds Federal	equested (from question #		Amount 1,000,000	Percentage 19% 0%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the			Amount 1,000,000 0 0	Percentage 19% 0% 0%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from question #		Amount 1,000,000 0 0	Percentage 19% 0% 0% 0%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from question # amount of this request)	6)	Amount 1,000,000 0 0 4,200,000	Percentage 19% 0% 0% 0% 81%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from question #	6)	Amount 1,000,000 0 0	Percentage 19% 0% 0% 0%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro	equested (from question # amount of this request)	6)	Amount 1,000,000 0 0 4,200,000	Percentage 19% 0% 0% 0% 81%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro	equested (from question # amount of this request) s for Fiscal Year 2025-202 eviously received state for most recent instance: Amount	6)	Amount 1,000,000 0 0 4,200,000 5,200,000	Percentage 19% 0% 0% 0% 81%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profif yes, provide the	equested (from question # amount of this request) s for Fiscal Year 2025-202 eviously received state for most recent instance: Amount	6) 26 unding?	Amount 1,000,000 0 0 4,200,000 5,200,000 No Specific	Percentage 19% 0% 0% 0% 81% 100%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professed for the Local Year (уууу-уу)	equested (from question # amount of this request) s for Fiscal Year 2025-202 eviously received state for most recent instance: Amount	26 unding?	Amount 1,000,000 0 0 4,200,000 5,200,000 No Specific	Percentage 19% 0% 0% 0% 81% 100%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professed year (yyyy-yy) 9. Is future-year funding	equested (from question # amount of this request) s for Fiscal Year 2025-202 eviously received state for most recent instance: Amount Recurring Non ing likely to be requested	26 unding?	Amount 1,000,000 0 0 4,200,000 5,200,000 No Specific Appropriation #	Percentage 19% 0% 0% 0% 81% 100%	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professel yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year funding a. If yes, indicate near the state of the sta	equested (from question # amount of this request) s for Fiscal Year 2025-202 eviously received state for most recent instance: Amount Recurring Non ing likely to be requested onrecurring amount per	6) 26 unding? arecurring 4? year.	Amount 1,000,000 0 0 4,200,000 5,200,000 No Specific Appropriation #	Percentage 19% 0% 0% 0% 81% 100% Vetoed	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professel yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year funding a. If yes, indicate near the state of the sta	equested (from question # amount of this request) s for Fiscal Year 2025-202 eviously received state for most recent instance: Amount Recurring Non ing likely to be requested	6) 26 unding? arecurring 4? year.	Amount 1,000,000 0 0 4,200,000 5,200,000 No Specific Appropriation #	Percentage 19% 0% 0% 0% 81% 100% Vetoed	



10. Status of Construction

expenses only.

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

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

Is the project "shovel ready" (i.e permitted)?	No
What is the estimated start date of construction?	10/1/2025
What is the estimated completion date of construction?	10/31/2026
What funding stream will be used for ongoing operations The agency has provided residential mental health treatment so	

The organization is a non-profit, IRS 501(c)3. Funds are requested for capital improvements for a facility serving children with complex psychiatric disorders. Funds will be used for construction

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/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Design, site preparation and construction expense for a new 5,600 square foot, all-brick, residential treatment cottage with an attached commercial kitchen, nursing center, mental health professional offices, dining and public areas, and 10 bedrooms (12 beds).	1,000,000
Total State Funds Requested (m	nust equal total from question #6)	1,000,000

13. Program Performance

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



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The purpose of this request is to provide a state of the art facility in which to provide a safe, homelike facility for the most vulnerable children in the State of Florida.

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

Funds will be used for demolition of the existing treatment home, and planning, design and construction of a new, all brick treatment home with an attrached commercial kitchen, serving the entire Daniel campus.

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

The Statewide In-Patient Psychiatric Program (SIPP) has provided comprehensive mental health services since 1973. Service components include on-site psychiatry, therapy, and medical/nursing. Additional developmental services include art, music, equine and pet therapies.

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

The target population are children, ages 7-18, facing mental health disorders that affect their respective abilities to thrive. The program serves approximately 110 children annually.

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

The benefit for this project is to provide a safe, modern facilty for psychiatric treatment of children facing significant, complex mental health disorders. The goal for these children is to develop the coping skills and resilience to thrive and return to their respective Florida communities. Positve outcomes are measured by incremental progress toward individual treatment plan goals as well as successful discharge.

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?

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	If the agency fails to meet deliverables, all funds will be returned to the State of Florida.	
4.	. Is this project related to mitigation, response, or recovery from a natural disaster? No	
á	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)	
ı	b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):	
5.	. Has the entity applied for or received federal assistance for this project?	
	☐ Yes, Applied	
	☐ Yes, Received	
	□ No	

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

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

□ No, but intends to apply



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6. Has the entity app	lied for or received state	assistance	for this projec	ct (other tha	n this reque	st)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
□ No, but intends to	o apply					
a. If yes, specify the Commerce):	e program and state ager	ncy (ex. Loca	al Governmen	at Emergeno	ey Bridge Lo	an, Depar
7. Requester Contact	Information					
a. First Name	Lesley	Last Name	Wells			
b. Organization	Daniel Memorial, Inc.					
c. E-mail Address	lwells@danielkids.org					
d. Phone Number	(904)465-6057	Ext.				
8. Recipient Contact a. Organization b. Municipality and	Daniel Memorial, Inc.]		
c. Organization Tyլ	ре					
□For Profit Entity						
☑Non Profit 501(c	2)(3)					
□Non Profit 501(c	c)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Lesley	Last Name	Wells			
e. E-mail Address	lwells@danielkids.org					
f. Phone Number	(904)465-6057	Ext.				
9. Lobbyist Contact I	nformation					
a. Name	William Travis Cummings	5				
b. Firm Name	Oak Strategies LLC					



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c. E-mail Address	travis@oak-strategies.com	
d. Phone Number	(904)376-5189	

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