



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2318

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

JESSIE'S PLACE COORDINATES THE MULTI-DISCIPLINARY INVESTIGATIVE PROCESS OF CHILD ABUSE CASES WITH DCF, LAW ENFORCEMENT AND THE CHILD PROTECTION TEAM. IT IS A CHILD-FRIENDLY FACILITY THAT RESPONDS TO CHILD VICTIMS OF ABUSE, NEGLECT, DRUG-ENDANGERMENT, AND VIOLENCE. JESSIE'S PLACE OFFERS TRAUMA-FOCUSED THERAPY AND ADVOCACY SERVICES TO THESE CHILDREN AND THEIR FAMILIES. IN 2024, JESSIE'S PLACE PROVIDED SERVICES TO 455 CHILDREN INCLUDING 2,260 HOURS OF INDIVIDUAL THERAPY, ABOUT 600 HOURS OF GROUP THERAPY AND EDUCATION AND 4,530 ADVOCACY SERVICES. WE PROVIDED PREVENTION CLASSES TO 4,849 STUDENTS IN CITRUS COUNTY SCHOOLS. IN 2022, WE RENTED OFF-SITE OFFICE SPACE BECAUSE OUR MAIN BUILDING LACKS SUFFICIENT THERAPY ROOMS TO MEET THE NEEDS OF VICTIMS THAT WE SERVE. JESSIE'S PLACE IS REQUESTING FUNDING FOR DESIGN SERVICES TO PLAN THE 7,500 SF EXPANSION OF OUR BUILDING. THE SATELLITE OFFICE COMES AT A SIGNIFICANT COST AND CHILDREN ARE BEST SERVED BY HAVING ALL SERVICES IN ONE CENTRAL LOCATION.

**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	200,000
<b>Total State Funds Requested</b>	<b>200,000</b>

**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)	200,000	91%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	20,000	9%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>220,000</b>	<b>100%</b>

**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.



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**b. Describe the source of funding that can be used in lieu of state funding.**

THE AGENCY LACKS SUFFICIENT RESOURCES TO FUND THE CAPITAL IMPROVEMENT PROJECT.

## 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)?**

No

**c. What is the estimated start date of construction?**

05/01/2026

**d. What is the estimated completion date of construction?**

05/01/2028

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

THE AGENCY WILL CONTINUE TO FUND OPERATIONS THROUGH GRANTS AND FUNDRAISING.

**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.**

THE OWNER OF THE FACILITY IS CITRUS COUNTY, FLORIDA. CITRUS COUNTY CHILDREN'S ADVOCACY CENTER, INC. HAS LEASED THE BUILDING LOCATED AT 1410 S LECANTO HIGHWAY, IN LECANTO FROM CITRUS COUNTY, FL SINCE 2014 FOR \$0 PER MONTH. IN JANUARY OF 2025, CITRUS COUNTY ENTERED INTO A LEASE AGREEMENT WITH JESSIE'S PLACE FOR A TERM OF 50 YEARS SECURING OUR LONG-TERM PLACEMENT IN THE LOCATION WE WISH TO EXPAND.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Funds will be used to pay for renovation/construction design professional services inclusive of architectural, structural and civil engineering, and construction period services.	200,000



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<b>Total State Funds Requested (must equal total from question #6)</b>	<b>200,000</b>
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**13. Program Performance**

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

THE FUNDS WILL BE USED TO PAY FOR INITIAL DESIGN PROFESSIONAL SERVICES AND CONSTRUCTION MANAGEMENT SERVICES FOR THE ADDITION OF APPROXIMATELY 7,500 SQUARE FEET TO OUR CURRENT FACILITY SO CHILD VICTIMS OF ABUSE WILL HAVE A CHILD-FRIENDLY SAFE ENVIRONMENT TO DISCLOSE ABUSE AND BEGIN HEALING FROM THE TRAUMA THEY ENDURED. THE EXPANSION WILL ALLOW US TO ADD MORE THERAPY ROOMS SO CHILDREN ARE NOT WAITING TO BEGIN THE THERAPY THEY NEED TO OVERCOME THE TRAUMA OF THEIR ABUSE. OUR MAIN FACILITY LACKS THERAPY ROOMS AND OFFICE SPACE TO HOUSE SUFFICIENT STAFF TO MEET THE DEMAND FOR OUR SERVICES. WE NOW HAVE STAFF IN MULTIPLE LOCATIONS MAKING COMPREHENSIVE SERVICES MORE DIFFICULT TO PROVIDE, MORE EXPENSIVE FOR THE AGENCY AND LESS TIMELY FOR VICTIMS AND FAMILIES. HAVING ALL STAFF AND SERVICES IN ONE LOCATION ENSURES ALL FAMILIES HAVE IMMEDIATE AND CONVENIENT ACCESS TO ALL SERVICES.

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

EACH YEAR AN AVERAGE OF 500 CHILD ABUSE VICTIMS AND THEIR FAMILY MEMBERS RECEIVE SERVICES AT OUR CENTER. THESE FUNDS WILL ALLOW US TO INCREASE AND/OR EXPAND ALL OF OUR EXISTING SERVICES AS WELL PROVIDING AN OPPORTUNITY TO ADD NEW SERVICES. OUR EXISTING SERVICES INCLUDE INDIVIDUAL, FAMILY AND GROUP THERAPIES, VICTIM ADVOCACY FOR CHILDREN AND FAMILIES, ABUSE PREVENTION EDUCATION, COMMUNITY EDUCATION, THERAPEUTIC SUPERVISED VISITATION, MULTI-DISCIPLINARY CASE REVIEW, FORENSIC INTERVIEWS, AND FORENSIC MEDICAL EXAMS.

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

SERVICES PROVIDED AT OUR CENTER INCLUDE: INDIVIDUAL AND FAMILY THERAPIES FOR CHILD VICTIMS AND NON-OFFENDING FAMILY MEMBERS, THERAPEUTIC AND EDUCATIONAL GROUP ACTIVITIES, VICTIM ADVOCACY, CRISIS INTERVENTION, DEPOSITION AND COURT ACCOMPANIMENT, CASE MANAGEMENT, PARENTING CLASSES, ANGER MANAGEMENT CLASSES, THERAPEUTIC SUPERVISED VISITATION, ABUSE PREVENTION EDUCATION, FORENSIC INTERVIEWS, SPECIALIZED INTERVIEWS, SOCIAL ASSESSMENTS, FORENSIC MEDICAL EXAMS, MULTIDISCIPLINARY TEAM CASE REVIEW MEETINGS AS WELL AS COORDINATION OF INVESTIGATIVE EFFORTS TO REDUCE THE STRESS AND TRAUMA TO CHILDREN AND FAMILIES. LAW ENFORCEMENT AND DCF OBSERVE FORENSIC INTERVIEWS THAT TAKE PLACE AT THE CAC. FORENSIC INTERVIEWS AND MEDICAL EXAMS ARE CONDUCTED BY UF CHILD PROTECTION TEAM MEMBERS WHO ARE CO-LOCATED AT JESSIE'S PLACE. ALL SERVICES ARE PROVIDED FREE OF CHARGE TO FAMILIES.

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

FORENSIC SERVICES, THERAPY AND ADVOCACY ARE OFFERED TO CHILDREN AGED 0-17 WHO ARE VICTIMS OF PHYSICAL ABUSE, SEXUAL ABUSE, NEGLECT, HUMAN TRAFFICKING, MENTAL INJURY, DRUG ENDANGERMENT, FAMILY VIOLENCE, COMMUNITY VIOLENCE, AND VIOLENT CRIME. THERAPY AND ADVOCACY ARE ALSO OFFERED TO ADULTS WHO WERE ABUSED AS CHILDREN AND NON-OFFENDING FAMILY MEMBERS SUCH AS SIBLINGS, PARENTS/CAREGIVERS, OR GRANDPARENTS. PREVENTION CLASSES ARE CURRENTLY PROVIDED TO 4TH, 6TH, 7TH, AND 8TH GRADE STUDENTS. ANGER MANAGEMENT CLASSES ARE CURRENTLY PROVIDED TO TEEN COURT PARTICIPANTS AND PARENTING CLASSES ARE CURRENTLY OFFERED TO PARENTS INVOLVED WITH THE DEPENDENCY COURT SYSTEM.

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



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THE EXPECTED OUTCOME IS TO EXPAND AND INCREASE THE SERVICES PROVIDED BY JESSIE'S PLACE TO MEET THE NEEDS THE COMMUNITY AND PREPARE FOR THE FUTURE NEEDS OF OUR GROWING COMMUNITY. OUR SERVICES ENHANCE CHILD ABUSE INVESTIGATIONS INCREASING PROSECUTION RATES; PROTECT CHILDREN FROM HARM; REDUCE MULTI-VITIMIZATION; IMPROVE THE PHYSICAL AND MENTAL HEALTH OF CHILD VICTIMS, REDUCING NUMEROUS RISK FACTORS INCLUDING SUBSTANCE ABUSE, INCARCERATION, AND OTHERS; REDUCE RECIDIVISM; AND BUILD HEALTHIER FAMILIES. PRE AND POST ASSESSMENTS ARE COMPLETED BY LICENSED CLINICIANS TO TRACK TRAUMA SYMPTOMS - 90% OF CHILDREN WHO ENGAGE IN THERAPY WILL SEE A REDUCTION IN TRAUMA SYMPTOMS. CHILD ABUSE CASES ARE TRACKED IDENTIFYING OFFENDER RECIDIVISM AND MULTI-VICTIMIZATION. CRIMINAL CASES ARE TRACKED IDENTIFYING COURT OUTCOMES. ALLEGATIONS OF OFFENDER AND VICTIM SUBSTANCE USE/ABUSE ARE TRACKED TO ADVISE TREATMENT AND REFERRALS AND PROVIDE INFORMATION ON THE PREVALENCE OF SUBSTANCE MISUSE AMONG THIS POPULATION.

**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?**

FAILURE TO MEET DELIVERABLES WILL RESULT IN A RETURN OF FUNDS TO ADMINISTERING AGENCY.

**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#:**

**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



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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

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.*