

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

LFIR # 2343

| Foster Children Emergency Shelter Hardening - FL Sheriffs Youth Ranch Safety Harbor |
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2. Senate Sponsor Nick DiCeglie

3. Date of Request 1/28/2025

4. Project/Program Description

Emergency shelter for foster children and families in Pinellas, Pasco and Hillsborough Counties. Project includes hardening of windows and doors, update showers and bathrooms, add handicap shower, commercial generator system and propane tank, electrical modification as required, install emergency signage, fans, lighting, facility equipment needed for safety and sheltering, 2 HVAC units, construction modification and associated costs, engineering, security alarm system and monitoring, handicap accessible walkway.

5. State Agency to receive requested funds

Division of Emergency Management

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

| Type of Funding | Amount |
|-----------------------------|-----------|
| Operating | 0 |
| Fixed Capital Outlay | 1,000,000 |
| Total State Funds Requested | 1,000,000 |

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) | 1,000,000 | 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 | 1,000,000 | 100% |

8. Has this project previously received state funding? If yes, provide the most recent instance:

| Fiscal Year | Amo | ount | Specific | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | |
| | | | | |

9. Is future-year funding likely to be requested?

No

No

a. If yes, indicate nonrecurring amount per year.

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



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 th | e proiect | "shovel | readv" | (i.e | permitted)? |
|----|-------|-----------|---------|--------|----------|-------------|
| ν. | 15 11 | c project | 3110101 | ready | (| permitted). |

c. What is the estimated start date of construction?

| d. What is the estimated completion date of construction? | 12/31/2025 |
|---|------------|
| | 12,01,2020 |

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

Florida Sheriffs Youth Ranches Operations Budget

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.

No

08/01/2025

Florida Sheriffs Youth Ranches is the owner of the facility and 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 | | 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 | Hardening of windows/doors, update showers/bathrooms, add handicap shower, commercial generator system and propane tank, electrical modification as required, install emergency signage, fans, lighting, facility safety and sheltering equipment, 2 HVAC units, construction modification and associated costs, engineering, security alarm system and monitoring, Handicap accessible walkway. | 1,000,000 |
| Total State Funds Requested (m | ust 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 is to house foster families when an emergency evacuation shelter is necessary. This building's hardening would allow for a safe and secure environment for the tri-county area faster families during natural disasters or public emergency crisis. This building and surrounding property can also be used by emergency personnel in natural disasters or emergency crisis.

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

This building would become an emergency shelter to house foster families in crisis in Pinellas, Pasco and Hillsborough Counties to provide a safe and secure environment within a professional trauma-informed environment. This shelter can also be utilized by emergency personnel in time of disasters or crisis.

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

Tampa Bay foster families will have a controlled, protected and secure emergency shelter to evacuate to when there is a pending disaster or crisis. Protection from additional trauma of uncontrollable events is an added benefit for these trauma-impacted children. Educational learning, family activities, daily care and hygiene can be maintained without interruption throughout the crisis.

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

Target population is trauma-impacted children, children and families in the welfare system, persons with poor mental and physical health, economically disadvantaged children, at-risk youth, homeless youth, developmentally and physically disabled youth, preschool, grade school, high school and college students and victims of crime. 201-400 individuals are expected to be served.

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

be measured?

The expected benefit will be a safe and secure emergency evacuation facility for foster families in Pinellas, Pasco & Hillsborough Counties to protect lives and provides protection for vulnerable foster children in an established traumainformed protected & controlled environment. Emergency personnel will have a staging area, as well. Outcome to be measured by Longitudinal study completed by the organization

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?

Unspent funds will promptly be returned to the state.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- D 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. 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



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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 | Maria | Last Name | Knapp |
|-------------------|----------------------------|-----------|-------|
| b. Organization | Florida Sheriffs Youth Ran | nches | |
| c. E-mail Address | MKnapp@YouthRanches | org | |
| d. Phone Number | (386)364-9149 | Ext. | |

18. Recipient Contact Information

| a. Organization | Florida Sheriffs Youth Ra | nches | | |
|-------------------------------------|---------------------------|-----------|-------|--|
| b. Municipality and County Pinellas | | | | |
| c. Organization Type | | | | |
| □For Profit Entity | | | | |
| ⊠Non Profit 501(c | c)(3) | | | |
| □Non Profit 501(c | c)(4) | | | |
| □Local Entity | | | | |
| □University or Co | llege | | | |
| □Other (please specify) | | | | |
| d. First Name | Maria | Last Name | Knapp | |
| e. E-mail Address | MKnapp@YouthRanches | .org | | |
| f. Phone Number | (386)364-9149 | Ext. | | |



LFIR # 2343

19. Lobbyist Contact Information

| a. Name | Maria Knapp | |
|-------------------|-------------|--|
| 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.