

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

LFIR # 3035

| 1. Project Title | Casa Flores - Ha | Casa Flores - Hanley's Program for Peripartum Women and Their Children | | | | | | |
|--|--|--|---|---|--|--|--|--|
| 2. Senate Sponsor | Gayle Harrell | | | | | | | |
| 3. Date of Request | 3/7/2025 | | | | | | | |
| 4. Project/Program De | escription | | | | | | | |
| residence in Hanley's and clinical treatmen Medical Center, one support enabling our residence with baby, an early learning cen | s newest communit at for their behaviora of 12 Level III Neor moms to have a sa expanding parentinater where educator of Hanley's program | y learning paren Il health condition natal ICU's in Floafe and memora ng skills while co s and specialists | ral healthcare for peripa hting, life and job skills, wons. Medical care will be brida. Hanley's doulas puble birthing experience. Intinuing treatment. An easy will focus on caring for bloyability skills and job | while participating in provided in partners rovide emotional, phe Post-partum moms essential part of the babies who have be | medical, psychological, ship with St. Mary's ysical, and educational will continue in-Hanley program will be sen exposed in utero. | | | |
| 5. State Agency to rec | | nds Depar | rtment of Children and F | amilies | | | | |
| State Agency conta | - | л ис | amont of Official and T | u | | | | |
| • . | | for F ioral Voc | 2025 2025 | | | | | |
| 6. Amount of the Nonr | ecurring Request | tor Fiscai Year | 2025-2026 | | | | | |
| Type of Funding | | | Amo | | | | | |
| Operating | | | | 0 | | | | |
| Fixed Capital Outlay | | | 2,800,000 | | | | | |
| Total State Funds F | Requested | | | 2,800,000 | | | | |
| | | | | _,==,==,=== | | | | |
| 7. Total Project Cost fo | • | 5-2026 (includir | ng matching funds ava | | ect) | | | |
| - | • | 5-2026 (includii | | ilable for this proje | ect) | | | |
| Type of Funding | or Fiscal Year 2025 | | Amount | ilable for this proje | ect) | | | |
| Type of Funding Total State Funds Re | or Fiscal Year 2025 | | | ilable for this proje | ect) | | | |
| Type of Funding | or Fiscal Year 2025 | | Amount 2,800,000 | ilable for this proje | ect) | | | |
| Type of Funding Total State Funds Re Matching Funds Federal | or Fiscal Year 2025 equested (from que | stion #6) | Amount | Percentage 40% | ect) | | | |
| Type of Funding Total State Funds Re Matching Funds | or Fiscal Year 2025 equested (from que | stion #6) | Amount 2,800,000 0 | Percentage 40% | ect) | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the | or Fiscal Year 2025 equested (from que | stion #6) | Amount 2,800,000 | Percentage 40% 0% | ect) | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local | equested (from que | stion #6) | Amount 2,800,000 0 0 100,000 | Percentage 40% 0% 0% 1% | ect) | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other | equested (from que amount of this requested Year 20 | est) 25-2026 state funding? | Amount 2,800,000 0 100,000 4,100,000 | Percentage 40% 0% 0% 1% 59% | ect) | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r Fiscal Year | equested (from que amount of this requested Year 20 | est) 25-2026 state funding? ce: | Amount 2,800,000 0 100,000 4,100,000 7,000,000 No Specific | Percentage 40% 0% 0% 1% 59% | ect) | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r | equested (from que amount of this requested Year 20 for Fiscal Year 20 eviously received so | est) 25-2026 state funding? ce: | Amount 2,800,000 0 100,000 4,100,000 7,000,000 No Specific | Percentage 40% 0% 0% 1% 59% | ect) | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r Fiscal Year | equested (from que amount of this requested) for Fiscal Year 20 eviously received s most recent instan | est) 25-2026 State funding? ce: | Amount 2,800,000 0 100,000 4,100,000 7,000,000 No Specific | Percentage 40% 0% 0% 1% 59% | ect) | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r Fiscal Year | equested (from que amount of this requested services of the se | est) 25-2026 State funding? ce: Nonrecurring | Amount 2,800,000 0 100,000 4,100,000 7,000,000 No Specific | Percentage 40% 0% 0% 1% 59% | ect) | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r Fiscal Year (уууу-уу) 9. Is future-year funding | equested (from que amount of this requested Year 20 eviously received samost recent instan Amo Recurring | est) 25-2026 State funding? ce: Nonrecurring uested? | Amount 2,800,000 0 100,000 4,100,000 7,000,000 No Specific Appropriation # | Percentage 40% 0% 0% 1% 59% | ect) | | | |
| Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre If yes, provide the r Fiscal Year (уууу-уу) 9. Is future-year funding a. If yes, indicate no | equested (from que amount of this requested (from que) | estion #6) 25-2026 State funding? ce: Nonrecurring uested? nt per year. | Amount 2,800,000 0 100,000 4,100,000 7,000,000 No Specific Appropriation # | Percentage 40% 0% 0% 1% 59% 100% | ect) | | | |



10. Status of Construction

Planning

a. What is the current phase of the project?

Design

b. Is the project "shovel ready" (i.e permitted)?

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N/A

No

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2,800,000

2,800,000

Complete questions 10 and 11 for Fixed Capital Outlay Projects

Construction

| c. What is the estimated start dat | e of construction? | 11/01/2025 | | |
|---|-------------------------------|-------------------------|--------------|----------|
| d. What is the estimated complet | ion date of construction? | 10/31/2026 | | |
| e. What funding stream will be us | sed for ongoing operations | and maintenance of | the project? | |
| Ongoing operational costs will be scholarships (fundraising). | covered by insurance, medic | aid, private pay, and c | ontributed | |
| List the owners of the facility to relationship between the owner Hanley Foundation is a 501c3 no | s of the facility and the ent | ity. | | lude the |
| Casa Flores - Hanley's Program f | | | | |
| 2. Details on how the requested sta Spending Category | ate funds will be expended | Description | | Amount |
| Administrative Costs: | | | | |
| Executive Director/Project Head Salary and Benefits | | | | |
| Other Salary and Benefits | | | | |
| Expense/Equipment/Travel/Supplies/ Other | | | | |
| Consultants/Contracted Services/Study | | | | |
| Operational Costs | | | | |
| Salary and Benefits | | | | |
| Expense/Equipment/Travel/Supplies/ Other | | | | |
| Consultants/Contracted | | | | |

13. Program Performance

Planning Engineering

Construction/Renovation/Land/

Fixed Capital Construction/Major Renovation:

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

mom.

Total State Funds Requested (must equal total from question #6)

Construction of a residential treatment (addiction and mental health) building for peripartum women and their children.

The appropriation will help construct a residential treatment facility for

peripartum women and their children. Rooms will house women, babies and older children who have been reunified with a now-sober

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



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Pregnant and postpartum moms with their children will live in-residence in Hanley's newest living, learning community learning parenting, life and job skills, while participating in medical, psychological, and clinical treatment for their behavioral health conditions.

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

Medical, psychological, and clinical treatment for behavioral health conditions, plus instruction in parenting, life skills, as well as employability and education/job training. Children will receive specialized care from therapists who specialize in the shortfalls experienced by children exposed to substances in utero.

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

Between 12 and 24 women at any one time. Rooms will be convertible housing either two pregnant moms, or one postpartum mom with her baby and older children. The women served will be State of Florida residents with the vast majority having been trafficked or who are living below the poverty line.

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

This program has a number of goals, including breaking the intergenerational cycle of addiction, helping mom to begin her journey of recovery, providing extra care, support and services for children exposed to substances in utero, and helping return a stable family unit back into the 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?

| Return of funds if deliverables not met. |
|--|
| 4. 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 infastructure) |
| 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 |
| □ 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)?



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| ☐ Yes, Applied | | | | | | |
|--|--|-------------------|----------------------|------------------------------|--|--|
| ☐ Yes, Received | | | | | | |
| □ No | | | | | | |
| ☐ No, but intends to | o apply | | | | | |
| a. If yes, specify the Commerce): | e program and stat | e agency (ex. Loc | al Government Emerge | ency Bridge Loan, Department | | |
| 17. Requester Contact | Information | | | | | |
| a. First Name | Rachel | Last Name | Docekal | | | |
| b. Organization | Hanley Foundation | , Inc. | | | | |
| c. E-mail Address | Rachel@HanleyFo | undation.org | | | | |
| d. Phone Number | (561)309-5325 | Ext | | | | |
| 18. Recipient Contact a. Organization b. Municipality and c. Organization Ty □For Profit Entity □Non Profit 501(d □Non Profit 501(d □Local Entity □University or Co | Hanley Foundation I County Palm Be Pe (3) (3) (4) | | | | | |
| □Other (please sp | pecify) | | | | | |
| d. First Name | Jennifer | Last Name | Lee | | | |
| e. E-mail Address | • | | | | | |
| f. Phone Number | (561)234-5952 | Ext | | | | |
| 19. Lobbyist Contact I | | | | | | |
| a. Name | Robert H. (Rob) Johnson | | | | | |
| b. Firm Name | The Mayernick Group LLC | | | | | |
| c. E-mail Address | | | | | | |
| d. Phone Number | (850)491-1430 | | | | | |



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