

LFIR # 3044

1. Project Title	Fresh Start Manatee

2. Senate Sponsor Jim Boyd

3. Date of Request 3/4/2025	
-----------------------------	--

#### 4. Project/Program Description

Manatee County is seeking funding for the construction of a facility to house unhoused people. The facility will house intake, offices, housing pods, utilities, storage and miscellaneous areas. The exterior will include a security entrance, outdoor sleeping, recreation area(s), staff parking, visitor parking, bike racks and outdoor storage. The facility will serve as a jail diversion and will have wrap-around services available to those who need them, including mental health and drug treatment services. The Manatee County Sheriff's Office will run the day-to-day operations of the facility. This facility will be in compliance with House Bill 1365 passed by the Florida Legislature in the 2024 Legislative Session.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? No

#### 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	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

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

Yes

No

a. If yes, indicate nonrecurring amount per year.

1,000,000

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

Federal appropriations and grants, additional county funds



## **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

### 10. Status of Construction

### a. What is the current phase of the project?

Planning Obesign Occurrce 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?

Federal appropriations and grants, additional county funds

## 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

10/01/2025

07/01/2027

Manatee County Government will be the owner of the facility.

#### 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	Construction of a facility to house unhoused people and to provide other services.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

#### 13. Program Performance

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

The construction of a facility to house unhoused people.

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

The facility will serve as a jail diversion program and will have wrap-around services available to those who need them, including mental health and drug treatment services.



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

The facility will serve as a jail diversion program and will have wrap-around services available to those who need them, including mental health and drug treatment services.

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

All unhoused people in Manatee County.

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

A reduction in the number of crimes or arrests of unhoused people and a reduction of unhoused people in the public.

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?

The County would work with the contracting agency throughout the grant period to ensure that all deliverables and performance measures are met. In the case where delays or unexpected barriers occur, the County would request a nocost extension to successfully complete the project objectives. If needed, the County would also seek additional funding sources to mitigate any issues that arise that might impede completion.

#### 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 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

#### 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



LFIR # 3044

🗆 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	Jackson Crosley	Last Name	Jones
b. Organization	Manatee County Governn	nent - Legisla	tive Aide
c. E-mail Address	crosley.jones@mymanate	e.org	
d. Phone Number	(941)748-4501	Ext.	3845

#### **18. Recipient Contact Information**

a. Organization	Manatee County Government				
b. Municipality and County		Manatee			

#### c. Organization Type

□For Profit Entity

□Non Profit 501(c)(3)

□Non Profit 501(c)(4)

Local Entity

□University or College

☑Other (please specify) Local (County) Government

d. First Name	Jackson Crosley	Last Name	Jones		
e. E-mail Address	crosley.jones@mymanate	e.org			
f. Phone Number	(941)748-4501	Ext.			
Lobbyist Contact Information					
a Namo	Amanda Stewart				

### 19

a. Name	Amanda Stewart	
b. Firm Name	Johnston & Stewart Government Strategies, LLC	
c. E-mail Address	amanda@johnstonstewart.com	
d. Phone Number	(813)345-4104	



LFIR # 3044

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