



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2394

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project involves the renovation and modification of 10 bathrooms, located in our crisis respite home and our supported housing apartments. These facilities are utilized by members of priority populations that are receiving community-based behavioral health services. Citizens receiving behavioral health services in the crisis respite home and in the transitional/supported housing center will benefit from having more accessible facilities while receiving needed services.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	250,000
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	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 2024-2025	250,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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)?

Yes

c. What is the estimated start date of construction?

July 2024

d. What is the estimated completion date of construction?

September 2024

12. 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.

Clay Behavioral Health Center, 501(c) (3) will receive the funding to make needed renovations and modifications to bathrooms located within its Crisis Respite Home and Transitional/Supported Housing apartments.

13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovations of 10 bathrooms to increase accessibility and efficiency. 2 bathrooms located in the Crisis Alternative Program and 8 bathrooms located in the Transitional /Supported Housing program. Renovations will include replacing sinks, toilets, bathtubs/showers, vanities. Replacing plumbing/flooring as needed. Installing grab bars and fixtures, widening doorways, other needed modifications.	250,000
Total State Funds Requested (must equal total from question #6)		250,000

14. Program Performance

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

This funding request will support the renovation of bathrooms located our crisis respite home and transitional/supported living apartments. Upgrading the bathrooms will make the facilities accessible and will allow for fuller access for individuals served who may have physical disabilities or mobility issues.



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

This project involves the renovation and modification of 10 bathrooms located in the crisis respite home and the supported housing apartments. These facilities are utilized by members of priority populations that are receiving behavioral health services. Services are community based and provided to individuals who are included in the priority populations defined in F.S. 394.674

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

This project provides enhancements to facilities that will allow for increased accessibility. Eligible individuals will be receiving behavioral health services designed to allow them to remain safely in the community in the least restrictive with access to all needed services and supports. Parents with substance use disorders that may put children at risk will receive services that allow for expedited access to and engagement with treatment.

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

Adults who have severe and persistent mental illness. Older adults in crisis. Persons who are experiencing and acute mental or emotional crisis. Person diagnosed as having a co-occurring mental illness and substance use disorder. Persons served expected to be between 101-200 annually for FY 24-25 and continuing into subsequent years.

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

Citizens receiving behavioral health services in the crisis respite home and in the transitional/supported housing center will benefit from having more accessible facilities while receiving needed services.

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 the contract?

Standard contract penalties are sufficient.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)



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d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number