



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1303

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Central Florida Communities (CFC), LLC operates ICFDDs and group homes for the developmentally disabled, as well as communities for the elderly and a full range of healthcare services to individuals in their homes across Central Florida. This project will renovate 12 group homes for the developmentally disabled, incl generators, HVAC and electric upgrades, sealing of bldg envelopes, new hurricane-resistant doors & windows, ADA safety and access compliance, etc. The homes are an average of 30-years old. Costs are estimated at \$250,000 per home..

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	3,000,000
Total State Funds Requested	3,000,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,000,000	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 2023-2024	3,000,000	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?



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

CFC has received approx. \$1.8 million in federal assistance related to the COVID-19 pandemic. This money went primarily to pay salaries. None was for the purpose of group home physical renovations.

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

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

Yes

c. What is the estimated start date of construction?

Summer 2023

d. What is the estimated completion date of construction?

Summer 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.

All funds will go to Central Florida Communities (CFC), a Florida-based 501(c)(3) corporation, which owns and operates these homes. CFC's office is located in Seminole County, but the homes are located in Seminole, Orange, Lake and Brevard counties.

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	This project will renovate 12 group homes for the developmentally disabled, incl generators, HVAC and electric upgrades, sealing of bldg envelope, new hurricane-resistant doors & windows, ADA safety and access compliance, etc. The homes are an average of 30-years old. Costs are estimated at \$250,000 per home.	3,000,000
Total State Funds Requested (must equal total from question #6)		3,000,000

14. Program Performance

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



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

See answer to Question 14 (a) above.

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

Resident health, safety & welfare enhanced. Allow residents to age in place and not require relocation in the event of major power outage. Ensure that the homes remain inhabitable if power is lost for long periods. Install generators. Upgrade HVAC & electric systems. Seal bldg envelopes to prevent damage and mold. Install new hurricane-resistant doors and windows. Meet ADA access & safety requirements.

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

More than 70 individuals with developmental and/or physical disabilities who reside in the 12 group homes.

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

Elimination of prolonged power outages. Upgraded HVAC, electrical and other systems. Energy efficiency. Elimination of leaky roofs and bldg envelopes. New hurricane-resistant doors & windows. Resident safety and access due to ADA compliance. Prevention of resident relocations for these reasons. Measured by physical inspection of renovations by city and DSI Management personnel. ADA compliance inspections. Energy efficiency. Number, frequency and duration of power outages, and the number of times residents would require relocation.

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?

Central Florida Communities (CFC) has standard performance clauses in all of its contracts that ensure projects are completed in accordance with specified timelines and deliverables. These include provisions for payment and withholding of payment as necessary to ensure compliance. It is not anticipated that additional performance measures are needed.

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



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University or College

Other (please specify)

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