

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 3228

1. Proj	ect Title	Operation PAR I	_argo Campu	s - Res	sidential	Flooding Rer	nedy	
2. Sena	ate Sponsor	Darryl Rouson						
3. Date	e of Request	03/20/2023						
4. Proj	ect/Program De	escription						
pron The	ne to flooding du objective of this	age, a DCF licensed ring heavy rainfall e project is to implen ents for the safety a	events due to to nent a solution	the ele n that (vation o effective	f the surround y diverts wat	ding roads being hi	and parenting women, is gher than the facility. acility and prevents
5. State	e Agency to red	ceive requested fu	nds De	partme	ent of Ch	ildren and Fa	milies	
State	e Agency conta	icted? No						
6. Amo	ount of the Noni	recurring Request	tor Fiscal Ye	ear 202	23-2024			
Тур	e of Funding					Amou	unt	
	rations						0	
	d Capital Outlay						180,960	
Tota	al State Funds I	Requested					180,960	I
7. Tota	l Project Cost f	or Fiscal Year 202	3-2024 (inclu	iding r	natchin	g funds avai	lable for this proje	ect)
Тур	e of Funding				Amo	unt	Percentage	
		equested (from que	estion #6)			180,960	100%	
	ching Funds					T		
	Federal						0%	
	•	amount of this requ	uest)		0		0%	
Loca						0	0%	
Othe						0	0%	
Tota	al Project Costs	for Fiscal Year 20	023-2024			180,960	100%	ı
8. Has	this project pre	eviously received	state funding	y?	No			
F	iscal Year	Amount			Specific		Vetoed	
	(уууу-уу)	Recurring	Nonrecurr	ing	Appro	priation #		
9. Is fu	ture funding lik	cely to be requeste	ed?		No			
a. If yes, indicate nonrecurring amount per year.								
b. D	escribe the sou	arce of funding tha	at can be use	d in li	eu of st	ate funding.		
						J		
								I
10. Ha	s the entity req	uesting this proje	ct received a	ny fed	eral ass	istance rela	ted to the COVID-	19 pandemic?
Yes	S							
If ve	es, indicate the	amount of funds	received and	what	the fund	ds were used	l for.	
,	,							



11. Status of Construction

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\$4,435,520 PPP Loan forgiveness \$1,013,109 PPE and healthcare related expenses \$153,023 Loss of Revenue

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?					
	ODesign	Construction			
b. Is the projec	b. Is the project "shovel ready" (i.e permitted)?				
c. What is the e	estimated start	date of construction?	As soon as funds are available		

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.

Operation PAR, Inc. is a Florida non-profit that does not have owners. We are governed by a Board of Directors and the Officers of the company are responsible for the day to day business.

9 months from the

start date

13. Details on how the requested state funds will be expended

d. What is the estimated completion date of construction?

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	Architectural/Engineering fees, permitting (Already Paid)	0				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering	Demolition, Site Preparation, Engineered Fill, Paving, Pre-Engineered stormwater diversion process.	180,960				
Total State Funds Requested (m	Total State Funds Requested (must equal total from question #6) 180,					

14. Program Performance

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



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Operation PAR Village, a DCF licensed residential substance use treatment program for pregnant and parenting women, is prone to flooding during heavy rainfall events due to the elevation of the surrounding roads being higher than the facility. The objective of this project is to implement a solution that effectively diverts water away from the facility and prevents future flooding incidents for the safety and health of our clients and workforce.

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

Operation PAR will engage an engineering firm to complete site drainage remediation including demolition, site preparation, engineered fill, paving, and a pre-engineered storm water diversion process to insure continued operation of outpatient and residential substance use disorder treatment service

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

These funds will allow for uninterrupted residential and outpatient substance use disorder services for women, pregnant and parenting women, and their children in a substance use residential Level 2 DCF-funded and licensed treatment facility.

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

Persons with poor mental health, at-risk youth, drug users (In health services), preschool students, currently and formerly incarcerated persons, and drug offenders (in the Criminal Justice System). Expected number of individuals to be served: 101-200.

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

Uninterrupted substance use outpatient and residential treatment services to clients enrolled in Operation PAR Largo Campus PAR Village.

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?

Because this is a facility improvement project, there are no additional suggestions for penalties by the contracting agency at this time.

. Requester Contact Information								
a. First Name	Dianne		Last Name	Clarke				
b. Organization	Operation	n PAR, Inc						
c. E-mail Address	dclarke@	operpar.org						
d. Phone Number	(727)545-7564		Ext.	3269				
. Recipient Contact	Recipient Contact Information							
a. Organization	Operation	n PAR, Inc						
b. Municipality and County Pinellas								
c. Organization Type								
□For Profit Entity								
☑Non Profit 501(c)(3)								
□Non Profit 501(c)(4)								
□Local Entity								



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□University or Co	College					
□Other (please sp	□Other (please specify)					
d. First Name	Jim	Last Name	Miller			
e. E-mail Address	jmiller@operpar.org					
f. Phone Number	(727)545-7563					
17. Lobbyist Contact Information						
a. Name	None					
b. Firm Name	None					
c. E-mail Address						
d. Phone Number						