

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

LFIR # 1484

b. Describe the so	urce of funding tha		ederal assistance rela			
•	urce of funding tha	tt dan be asea m				
ı. If yes, indicate ı		at can be used in	lieu of state funding.			
	onrecurring amou		00			
s future funding li	kely to be requeste	ed?	No			
2021-22	0	1,200,00	0 1247	No		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
Fiscal Year	Amount		Specific	Vetoed		
Has this project pr	eviously received	state funding?	Yes			
	s for Fiscal Year 20	)23-2024	3,400,000	100%		
Other			0	0%		
State (excluding the Local	amount of this requ	iest)	1,200,000 700,000	35% 21%		
Federal	and a contract of the form		0	0%		
Matching Funds						
	Requested (from que	estion #6)	1,500,000	44%		
Total Project Cost  Type of Funding	for Fiscal Year 202	3-2024 (including	matching funds ava	ilable for this proj		
Total State Funds	Requested			1,500,000		
Fixed Capital Outla				1,500,000		
Operations				0		
Type of Funding	Type of Funding			Amount		
Amount of the Nor		for Fiscal Year 2	023-2024			
State Agency to re	•	п <b>из</b> — Берапп	lent of Javenne Justice	<del>,</del>		
respite, human traff			nent of Juvenile Justice	•		
Project/Program D	<u> </u>	or vouth in crisis i	e. runaway, truant, ung	overnable lock-ou		
Date of Request	02/14/2023					
•						
Senate Sponsor	Keith Perry					
Project Title	CINS/FINS Yout	h Shelter Replace	ment			



11. Status of Construction

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

LFIR # 1484

Through the Payroll Protection Program (PPP) CDS received \$765,581.84 as an agency. It was used for salaries, group insurance, retirement plan, rent, utilities, FICA, and unemployment tax. Through the existing Gainesville shelter (to be replaced) CDS received a CARES supplement of \$34,472 which was used for PPE, virus safety barriers in bedrooms, and IT supplies and equipment for shelter youth to do remote learning during the pandemic.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?			
Planning	<ul><li>● Design</li></ul>	Construction	
b. Is the project "shovel ready" (i.e permitted)?			Yes
c. What is the estimated start date of construction?			3/23 - 4/23

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.

CDS Family & Behavioral Health Services, Inc., a Florida Not For Profit Corporation will own and operate the facility as a youth shelter to provide services as outlined in F.S. 984.

12/23

### 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		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Site preparation, building plans, and begin construction of a 20-bed licensed facility to provide services for approximately 300 youth annually.	1,500,000
Total State Funds Requested (m	ust equal total from question #6)	1,500,000

### 14. Program Performance

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

Replace the current facility, which was built in 1955, to provide a safe and improved shelter and programming.

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



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

LFIR # 1484

Construction of a	new youth shelter to serve population	ns consistent with F.S. 984.		
c. What direct ser	rvices will be provided to citizens	y the appropriation project	?	
Construction of a	new shelter to serve youth ages 10-	7 in need of temporary respit	e services.	
d. Who is the targ	get population served by this proje	ct? How many individuals a	re expected to be served?	
Youth ages 10-17	7 in crisis or exhibiting high risk beha	viors. Expected to serve 300 y	outh annually.	
e. What is the exp be measured?	pected benefit or outcome of this p	roject? What is the method	ology by which this outcome will	
Provide a safe fac adjudication of del adjudication.	cility to provide services to youth in c linquency. All youth are entered into	isis. To reduce the number of a state DJJ information syster	youth committing crimes resulting or and checked annually for	
	uggested penalties that the contract t deliverables or performance mea		•	
Not determined a	nt this time.			
15. Requester Contac	et Information			
a. First Name		<b>ne</b> Lane		
b. Organization	CDS Family & Behavioral Health Services, Inc.			
c. E-mail Address				
d. Phone Number	(352)870-0008	xt.		
16. Recipient Contact	Information			
a. Organization	CDS Family & Behavioral Health S	ervices,		
b. Municipality and	d County Alachua			
c. Organization Ty	/pe			
□For Profit Entity	1			
☑Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
□Local Entity				
□University or Co	ollege			
□Other (please s	specify)			
d. First Name	Philip Last Na	ne Kabler		
e. E-mail Address	Philip_Kabler@cdsfl.org			
f Phone Number	(352)244-0628		7	



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

LFIR # 1484

a. Name	None
b. Firm Name	None
c. E-mail Address	
d. Phone Number	