

LFIR # 1247

. Project Title					
	CINS/FINS Yout	h Shelter Replacen	nent		
2. Senate Sponsor	Keith Perry				
B. Date of Request	02/03/2021				
. Project/Program D	escription				
Capital Funding to respite, human traff	build a new shelter icking, homeless.	for youth in crisis i.e	e. runaway, truant, ung	governable, lock-ou	
. State Agency to re	ceive requested fu	nds Departme	nt of Juvenile Justice		
State Agency conta	acted? Yes				
Amount of the Non	recurring Request	for Fiscal Year 20	21-2022		
Type of Funding			Amount		
Operations				0	
Fixed Capital Outlay			1,200,000		
Total State Funds	Requested			1,200,000	
Type of Funding	for Fiscal Year 202	1-2022 (including	matching funds avai Amount	Percentage	
	Requested (from que	estion #6)	1,200,000	75%	
Matching Funds			,,,		
Federal			0	0%	
State (excluding the	amount of this requ	uest)	0 0%		
			400,000	25%	
Local			0	0%	
Local Other			0		
	s for Fiscal Year 20	021-2022	1,600,000	100%	
Other Total Project Cost					
Other Total Project Cost		state funding?	1,600,000 Yes Specific		
Other Total Project Cost Has this project pr	eviously received	state funding?	1,600,000 Yes	100%	
Other Total Project Cost Has this project pr Fiscal Year	eviously received	state funding?	1,600,000 Yes Specific Appropriation #	100%	
Other Total Project Cost Has this project pr Fiscal Year (уууу-уу) 2020-21	Amo Recurring	state funding? ount Nonrecurring 250,000	1,600,000 Yes Specific Appropriation #	100% Vetoed	
Other Total Project Cost Has this project pr Fiscal Year (уууу-уу) 2020-21 Is future funding li	Amo Recurring	state funding? ount Nonrecurring 250,000	1,600,000 Yes Specific Appropriation #	100% Vetoed	
Other Total Project Cost Has this project pr Fiscal Year (yyyy-yy) 2020-21 Is future funding li a. If yes, indicate r	Amo Recurring 0 kely to be requested	state funding? Dunt Nonrecurring 250,000 ed? nt per year.	1,600,000 Yes Specific Appropriation # 1203B Yes	100% Vetoed	
Other Total Project Cost Has this project pr Fiscal Year (yyyy-yy) 2020-21 Is future funding li a. If yes, indicate r b. Describe the so	Amo Recurring 0 kely to be requested	state funding? Dunt Nonrecurring 250,000 ed? nt per year.	1,600,000 Yes Specific Appropriation # 1203B Yes 500,000	100% Vetoed	
Other Total Project Cost B. Has this project pr Fiscal Year (уууу-уу) 2020-21 D. Is future funding li a. If yes, indicate r b. Describe the so Fund raising	Recurring o kely to be requested amounted of funding that	state funding? ount Nonrecurring 250,000 ed? nt per year. at can be used in li	1,600,000 Yes Specific Appropriation # 1203B Yes 500,000 ieu of state funding.	Vetoed Yes	
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Through the Payroll Protection Program (PPP) we received \$765,581.84 as an agency. It was used for salaries, group insurance, retirement plan, rent, utilities,FICA and unemployment tax. Through our Gainesville shelter Basic Center grant we 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.

11. 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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Year 1-Site preparation, building plans, and begin construction of a 20 bed licensed facility to provide services for approximately 300 youth annually.	1,200,000
Total State Funds Requested (must equal total from question #6)		

12. 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 safe and improved shelter and programming.

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

To begin construction of a new youth shelter to serve populations consistent with F.S. 984.

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

To begin construction on a shelter to serve youth ages 10-17 in need of temporary services.

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

Youth ages 10-17 in crisis or exhibiting high risk behaviors. Expected to serve 300 youth annually.

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

Provide a safe facility to provide services to youth in crisis. To reduce the number of youth committing crimes resulting in adjudication of delinquency. All youth are entered into a state DJJ information system and checked annually for adjudication.

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?



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	rmined		

13. 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. will own and operate the facility as a youth shelter to provide services as outlined in F.S. 984.



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14. Requestor Contact	Informat	ion			
a. First Name	Tommy		Last Name	Lane	
b. Organization	CDS Family & Behavioral Health Services, Inc.				
c. E-mail Address	tlane@psginc.co				
d. Phone Number	(352)870-0008 Ext.				
15. Recipient Contact Information					
a. Organization	CDS Family & Behavioral Health Services, Inc.				
b. Municipality and	l County	Alachua			
c. Organization Ty	ре				
□For Profit Entity	ntity				
☑Non Profit 501(c	c)(3)				
□Non Profit 501(c	c)(4)				
□Local Entity					
□University or Co	ollege				
□Other (please specify)					
d. First Name	Jim		Last Name	Pearce	
e. E-mail Address	jim_pearce@cdsfl.org				
f. Phone Number	(352)318-9400				
16. Lobbyist Contact I	nformatio	n			
a. Name	None				
b. Firm Name	None				
c. E-mail Address					
d. Phone Number			<u> </u>		