



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1940

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Construction of a 7,500 sq ft life skills center, designed to serve individuals with severe intellectual, developmental and physical disabilities, as well as aging related challenges. This project will replace a 60+yr old wood structure that is in extremely poor condition and currently at full capacity serving approximately 75 individuals. This project would double the current service capacity and represents the final phase of a comprehensive plan to develop the 30 acre Neff Lake campus as a regional residential and day treatment service resource in west central Florida. The Arc Nature Coast is a 46 year old organization with a committed board of directors and an experienced competent staff prepared to ensure successful timely completion of this project request if funded.
 The Arc Nature Coast is providing land for this project and has already conducted a capital campaign, committing \$250,000 toward construction of the Center.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,100,000
Total State Funds Requested	1,100,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,100,000	81%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	19%
Total Project Costs for Fiscal Year 2021-2022	1,350,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	1,000,000	251A	Yes

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.**



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

Yes

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

CARES Act:
 1. PPP Loan, Payroll costs to maintain residential services, \$752,308
 2. Provider Relief Funds, HCBS revenue replacement, \$96,828
 3. County CARES Act (Pasco & Hernando), electrostatic sprayers, custodial labor, solutions, PPE, and transportation supplement, \$74,053 maximum

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	N/A	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
Operational Costs: Other		
Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Design, engineering, pre-development, site work and construction of a 7,500 sq ft commercial Life Skills Center at 5283 Neff Lake Road, Brooksville, FL 34601. Zoning and use is approved.	1,100,000
Total State Funds Requested (must equal total from question #6)		1,100,000

12. Program Performance

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

Construction of a 7,500 sq-ft Life Skills Center to replace a 60 year old wood structure that is in extremely poor condition and is currently at full capacity, requiring a wait-list for services.

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

Activities funded by this appropriation, if granted, include design, pre-development, site work and construction of a 7,500 sq ft commercial Life Skills Center at 5283 Neff Lake Road, Brooksville, FL 34601. The land is currently owned by The Arc Nature Coast and available for this project. Zoning and special use is already approved.

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

This proposed Life Skills Center will provide adult day treatment and respite services for individuals living with their families, as well as individuals residing in long term-care housing. The Arc Nature Coast has had to decline new referrals to this service in recent years due to insufficient facility space at the Neff Lake campus. This project will double the capacity at Neff Lake, allowing The Arc to accept all new referrals in a timely manner from the Agency for Persons with Disabilities.

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



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This center will serve individuals with intellectual and developmental disabilities with critical needs and aging related challenges who are clients of the Agency for Persons with Disabilities (APD). This center will serve 150+ individuals.

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

This project will replace a 60+ year old wood structure that is in extremely poor condition and is currently at full capacity, thus ensuring improved safety and quality of service for a fragile and vulnerable population. We expect to see a reduction in incident/accident reports, improved goal progress reports, as well as an increase in the number of people being served.

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?

Any unused appropriated state funding will revert back to the state in the case of unmet deliverables or costs that are below what is budgeted.

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.

The Arc Nature Coast, Inc. (Requestor, recipient and owner)



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number