



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1963

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

4. **Project/Program Description**

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 | 1,000,000 |
| Total State Funds Requested | 1,000,000 |

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) | 1,000,000 | 58% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 300,000 | 18% |
| Other | 400,000 | 24% |
| Total Project Costs for Fiscal Year 2021-2022 | 1,700,000 | 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.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

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



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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/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Construction of approximately 7,000 square foot "recovery through work" mental health center | 1,000,000 |
| Total State Funds Requested (must equal total from question #6) | | 1,000,000 |

12. Program Performance

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

Construction of an approximately 7,000 sf. mental health center.

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

Vincent House members will receive job training and life skills so they can become gainfully employed in the community.

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

Job training, life skills, transitional employment and job placement. Vincent House works with employers to ensure members are successful and monitors a member's progress and works to place the member with the right employer. The "Recovery through Work" model provides job training in many areas, including culinary, business, and communications. Vincent House partners with local businesses to provide transitional employment for 6-8 months which builds a member's skill set and self-confidence so they can be placed in full-time positions.

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

Persons ages 18 and above with a mental health diagnosis (schizophrenia, bi-polar depression, or other mental health diagnosis).

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

People with mental illness will receive the necessary services and training. Vincent House reduces the rate of recidivism for incarceration and hospitalizations. Many members become gainfully employed in the community.

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?

\$1,000 penalty for not finishing the building in the allotted time frame.



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- 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.**

Vincent Academy Adventure Coast is a 501 (c)(3) non-profit organization. None of its board members receives a salary. Board members are all volunteers.



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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