

LFIR # 1190

1. Project Title	SOS Children's Vi	illages Florida -	- Infrastructure Improve	ments			
2. Senate Sponsor	Tina Polsky						
3. Date of Request	11/04/2021						
4. Project/Program De	scription						
which 13 are homes community center. But keeping sibling group need to overcome the program that assists resources, and guida our aging infrastructures.  State Agency to recontact.	for children in the for uilt in 1993, SOS has together. SOS als trauma of past abuyoung adults transition needs of the Villateive requested functed?  No	ster care syste s provided a hose provides an ause and neglectioning from the ecome producting campus, where the campus is the provided and th	m, one administrative of the come for over 800 childred array of on-site service to the come for one floor them floor them floor them to a contributing methich is 28 years old.	office building, and or en in foster care with s designed to give ki burish and grow. SO adulthood, providing mbers of society. Wo	ı an emphasis on		
6. Amount of the Nonro	ecurring Request fo	or Fiscal Year		ount.	1		
Type of Funding Operations			Am	ount	<u> </u>		
Fixed Capital Outlay				500,000	-		
Total State Funds R	Paruestad			500,000			
Total State Fullus N				,	_		
	•	-2023 (includii	ng matching funds av	·	-		
7. Total Project Cost fo	or Fiscal Year 2022	,	Amount	ailable for this proj	ect)		
7. Total Project Cost for Type of Funding Total State Funds Re	or Fiscal Year 2022	,		ailable for this proj	ect)		
7. Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds	or Fiscal Year 2022	,	Amount 500,000	ailable for this proj Percentage 100%	ect)		
7. Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds Federal	or Fiscal Year 2022- equested (from ques	ition #6)	Amount 500,000	Percentage 100%	ect)		
7. Total Project Cost for  Type of Funding  Total State Funds Re  Matching Funds  Federal  State (excluding the a	or Fiscal Year 2022- equested (from ques	ition #6)	Amount 500,000	Percentage 100%	ect)		
7. Total Project Cost for  Type of Funding  Total State Funds Re  Matching Funds  Federal  State (excluding the a	or Fiscal Year 2022- equested (from ques	ition #6)	Amount 500,000	Percentage 100% 0% 0% 0%	ect)		
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the allocal Other	equested (from ques	est)	Amount 500,000	Percentage 100% 0% 0% 0% 0%	ect)		
7. Total Project Cost for  Type of Funding  Total State Funds Re  Matching Funds  Federal  State (excluding the a	equested (from questamount of this reque	est)	Amount 500,000	Percentage 100% 0% 0% 0% 0%	ect)		
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the allocal Other Total Project Costs  8. Has this project pre	equested (from questamount of this reque	est)  22-2023  tate funding?	Amount 500,000 (0) (0) (0) (0) (0) (0) (0) (0) (0)	Percentage 100% 0% 0% 0% 0%	ect)		
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the algorithm Local Other Total Project Costs  8. Has this project pre	equested (from questamount of this requested for Fiscal Year 202	est)  22-2023  tate funding?	## Amount   500,000   C	ailable for this proj Percentage 100% 0% 0% 0% 100%	ect)		
7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the algorithm Local Other Total Project Costs  8. Has this project pre Fiscal Year (yyyy-yy)  9. Is future funding like a. If yes, indicate no	equested (from questance) amount of this requestance for Fiscal Year 202 eviously received stance Amount Recurring ely to be requested conrecurring amount	est)  22-2023  tate funding?  unt  Nonrecurring  d?  t per year.	## Amount   500,000   C	Percentage 100% 0% 0% 0% 100% Vetoed	ect)		

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



LFIR # 1190

Yes

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

SOS received both rounds of PPP funding (a total of approximately \$968,000) which was used to help cover staff salaries.

### 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	(1) Appliances (refrigerators, hot water heaters, washer & dryers, stoves, dishwashers - \$80,000 (2) Replace 22 HVAC units - \$98,000 (3) Repaint exterior and interior of all Village buildings & homes - \$216,000 (4) Replace one old steel Community Center roof with new energy efficient one - \$75,000 (5) Preventative maintenance on 14 existing roofs - \$31,000	500,000			
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?

Aging infrastructure needs will be addressed. This will allow us to provide the safest and nicest environment for the children we serve. As we are working with the at risk population of children in foster care, it is critical to provide a safe and secure environment, as they have been removed from their homes due to safety concerns. We want to be sure they have the safety and security they need to address these traumas and heal and grow while they are with us. The physical environment is the first step in providing this type of environment for them.

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

Replacement of appliances, painting of buildings, and repair or replacement of roofs.

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

We will continue to provide the foster care services that we currently provide. The repairs and maintenance will allow us to maintain the safe and supportive environment we have been offering to children since we opened our doors 29 years ago. We are very proud of the community we offer and feel that it gives the children a sense of pride and shows them that they are worthy and capable of living in such a community.

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



LFIR # 1190

SOS houses approximately 50 foster children on our campus on any given day. Depending on how many discharges we have each year, the average number of children we serve over the course of a year can vary with an average of about 85.

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

The homes and buildings will be updated, repairs will be made, and painting will be done. This will ensure that the foster care services we are providing are done in the safest way possible.

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?

Funding reimbursement may be withheld.

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.

SOS Children's Villages Florida, Inc. is a non-profit 501(c)(3) organization. As a corporate entity, it has no individual owners.



LFIR # 1190

14. Requestor Contact Information								
	a. First Name	Jillian		Last Name	Smath			
	b. Organization	SOS Children's Villages Florida, Inc						
	c. E-mail Address	jsmath@sosflorida.com						
	d. Phone Number	(954)420	-5030	Ext.				
15.	15. Recipient Contact Information							
	a. Organization	SOS Chil	dren's Villages F	lorida, Inc				
	b. Municipality and	d County	Broward					
	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	Jillian		Last Name	Smath			
	e. E-mail Address	jsmath@sosflorida.com						
	f. Phone Number							
16. Lobbyist Contact Information								
	a. Name	Will McK						
	b. Firm Name	PooleMcKinley						
	c. E-mail Address	sandra@poolemckinley.com						
	d. Phone Number	(850)681-1980						