

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2487

1. Project Title Children's Harbor Roof Replacement	Project Title
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2. Senate Sponsor Lauren Book

3. Date of Request 12/21/2023

4. Project/Program Description

The funds being requested will replace the existing roofs on this residential group care campus that provides 24/7 care and support to at-risk teenagers in the foster care system.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? Yes

Department of Officient and Familie

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	439,878
Total State Funds Requested	439,878

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	439,878	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	439,878	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9. Is future funding likely to be requested?

No

No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

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.

PPP loan to assist with staff retention/salaries.



Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

🔘 Planning 🛛 🔵 Design 📀 Construction 🔵 N/A

b. Is the project "shovel ready" (i.e permitted)?	
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c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

No

September 2024

December 2024

Children's Harbor, Inc. is a non-profit organization: Tiffani Dhoogeis the President/CEO.

13. 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	Funds to be used to strengthen the roof of our complex.	439,878
Total State Funds Requested (must equal total from question #6) 43		439,878

14. Program Performance

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

The funds being requested will replace the existing roofs on this residential group care campus that provides 24/7 care and support to at-risk teenagers in the foster care system.

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

The homes provide 24/7 shelter and support to 30 teenagers who have been removed from their birth families due to egregious abuse and/or neglect. In addition to providing shelter, Children's Harbor provides academic and life skills coaching and wraparound therapeutic support, including individual and group therapy to the children who reside on campus.

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



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N/A

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

All of the children who reside on this campus are at-risk foster teenagers who have been removed from their birth family due to egregious abuse and/or neglect. Additionally, the campus has a maternity home that cares for foster teen moms who are pregnant and/or parenting an infant child. The organization serves 70 foster teens annually.

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

Replacing the roof on a residential group campus is crucial for the physical health of foster children as it ensures a safe and stable environment. A new roof helps prevent leaks and water damage, reducing the risk of mold and indoor air quality issues that can adversely affect respiratory health. The benefit of replacing the roof can be measured through a combination of assessments. Quantitatively, factors such as energy efficiency improvements reduced maintenance costs. Qualitatively, improved living conditions, comfort, and overall satisfaction can provide valuable insights into the intangible benefits of the roof replacement. Additionally, monitoring any reduction in health/ respiratory issues.

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?

Failure to pass a health inspection would impact DCF licensure and the organization would not be able to continue providing care to foster children.

15. Requester Contact Information

a. First Name	Tiffani		Last Name	Dhooge
b. Organization	Children's Harbor, Inc.			
c. E-mail Address	tiffanidhooge@childrensharbor.org			
d. Phone Number	(954)242-3239		Ext.	
16. Recipient Contact Information				
a. Organization	Children's	Children's Harbor, Inc		
b. Municipality and	d County Broward			
c. Organization Ty	ре			
□For Profit Entity	□For Profit Entity			
⊠Non Profit 501(c)(3)				
□Non Profit 501(c)(4)				
□Local Entity	□Local Entity			
□University or College				
□Other (please specify)				
d. First Name	Tiffani		Last Name	Dhooge
e. E-mail Address	tiffanidho	oge@childrensha	arbor.org	
f. Phone Number	(954)242	-3239		



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17. Lobbyist Contact Information

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