

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

LFIR # 2494

1. Project Title	Jericho Road M	en Shelter					
2. Senate Sponsor	Blaise Ingoglia						
3. Date of Request	12/21/2023						
•							
4. Project/Program D	•	onovoto ito ourront (2 717 og ft shelter fosi	lity in Proplemillo E	Elorida that provides		
housing for male resis the only program	sidents in its substa of its kind for men a umbing, kitchen, ba	ince abuse recovery and has been opera	2,717 sq ft shelter faci program and its trans ting at full capacity. The facility is renovate	sitional program for he residential buildi	r recovery graduates. It ing requires updates to		
5. State Agency to re	ceive requested fu	unds Departm	ent of Children and Fa	amilies			
State Agency conta	acted? No						
6. Amount of the Non	recurring Request	for Fiscal Year 20	24-2025				
Type of Funding			Amount				
Operations	-			0			
Fixed Capital Outlay			250,000				
Total State Funds	Total State Funds Requested			250,000			
7. Total Project Cost	for Fiscal Year 202	24-2025 (including	matching funds avai	lable for this proj	ect)		
Type of Funding			Amount	Percentage			
Total State Funds R	Requested (from que	estion #6)	250,000	100%			
Matching Funds			0	0%			
Federal State (excluding the amount of this request)			0	0%	†		
Local			0	0%	1		
Other			0	0%	1		
Total Project Costs	s for Fiscal Year 2	024-2025	250,000	100%	1		
8. Has this project pr		·	No	100/0	1		
Fiscal Year	Amount		Specific	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
9. Is future funding li	kely to be request	ed?	No				
a. If yes, indicate n	onrecurring amou	ınt per year.					
b. Describe the so	urce of funding th	at can be used in I	ieu of state funding.				
]		
10. Has the entity req					1		
	uesting this proje	ct received any fed	deral assistance rela	ted to the COVID-	19 pandemic?		



11. Status of Construction

Other

Other

a. What is the current phase of the project?

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0

0

0

0

0

250,000

250,000

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

Jericho Road Ministries received a PPP Loan in 2020 for \$131,692 for payroll and received \$9,752.23 CARES ACT funds for the program's food distribution and \$20,000 for shelter operational costs.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Planning	Design	Construction	O N/A			
b. Is the project	"shovel ready" (i	e permitted)?		No		
c. What is the e	stimated start dat	e of construction?		9/1/2024		
d. What is the e	stimated complet	on date of constru	ction?	12/31/2024		
12. List the owner relationship be	s of the facility to etween the owner	receive, directly or s of the facility and	indirectl	y, any fixed capital y.	outlay funding. Inc	clude the
Jericho Road I	Ministries owns the	property.				
13. Details on how		ite funds will be ex	•	Description		Amount
Administrative				escription		Amount
Executive Director, Salary and Benefit	/Project Head					0
Other Salary and E	Benefits					0
Expense/Equipme	nt/Travel/Supplies/					0

14. Program Performance

Planning Engineering

Consultants/Contracted

Consultants/Contracted

Operational Costs: Other

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Services/Study

Services/Study

Salary and Benefits

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

Total State Funds Requested (must equal total from question #6)

The funds will be utilized to renovate our current property at 1090 Mondon Hill Rd. Brooksville, FL that has fallen in disrepair to be used for housing our male residents in our recovery program and transitional program for our male recovery graduates. The building will require updates to the roof, electric, plumbing, kitchen, bathrooms. etc. Once renovated, this would allow for 12-15 additional beds in our programs.

Renovation of a 2,717 sq ft building to include a new roof, new wiring,

drywall, flooring, plumbing, bathrooms, kitchen/dining, and systems.



□Other (please specify)

Amanda

d. First Name

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b. What activities	s and services will be	provided to mee	t the intended	l purpose of	these funds?
Renovations to o	ur property at 1090 M	ondon Hill Rd. to p	rovide housing	to our male	residents of our programs
	rvices will be provid	•			
Substance abuse healthcare.	recovery, job readine	ess training, job pla	cement, menta	al health clas	ses, life skill training, and obtainin
d. Who is the tar	get population serve	d by this project?	How many in	dividuals ar	e expected to be served?
Persons with poo	or mental health, Joble erly incarcerated perso	ess persons, Econo ons, and Drug offer	mically disadv	antaged pers gram will serv	ons, Homeless, Drug users, ve 25-50 persons within a year.
e. What is the exbe measured?	pected benefit or out	come of this proj	ect? What is t	he methodo	logy by which this outcome wil
recovery. Resider our transitional pr Divert from Crimir	nts in our recovery pro ogram are required to nal Justice System by	ogram attend 22 red attend accountabil working men enrol	covery classes lity meetings a led in the Hern	and submit to and Submit to ando County	accountable to continue in their or random drug tests. Graduates in random drug tests. Drug Court program. We aid the latanding with the court system.
					addition to its standard penalt
_	et deliverables or per			or the contra	1Ct ?
Failure to meet d	leliverables will result i	n return of funds to	the state.		
5. Requester Contac	ct Information				
a. First Name	Andrew	Last Name	Chamberlin		
b. Organization	Jericho Road Minist	ries, Inc.			
c. E-mail Address	ceo@jericho-road.n	et			
d. Phone Number	(352)799-2912	Ext.			
. Recipient Contact	t Information				
a. Organization	Jericho Road Minist	tries, Inc.			
b. Municipality an	d County Hernando	<u> </u>			
c. Organization Ty	ype				
□For Profit Entity	/				
☑Non Profit 501((c)(3)				
□Non Profit 501((c)(4)				
□Local Entity					
□University or C	ollege				

Last Name McCann



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e. E-mail Address	operationsvp@jericho-road.net	
f. Phone Number	(352)848-3555	
17. Lobbyist Contact I	nformation	
a. Name	None	
b. Firm Name		
c. E-mail Address		
d. Phone Number		