

1. Project Title

2. Senate Sponsor

Ben Albritton

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

CINS/FINS Youth Shelter serving Sarasota and DeSoto Counties

LFIR # 3312

3. Date of Request	01/09/2024				
4. Project/Program D	escription				
out from family hom the day and night ar issues impacting the transportation to the	e, truancy and diver nd can be accommo eir home life. Couns eir home school is pr ulthood. SCC has be	sion from depend dated even with p eling, developmer ovided to the you	lency court. Children a prior criminal history, su	t the shelter will have ubstance abuse, mer al wrap around servio and stability which a	ces, assessments and llows a transition to a
5. State Agency to re	ceive requested fu	nds Departr	ment of Juvenile Justic	e	
State Agency conta	acted? Yes				
6. Amount of the Non	recurring Request	for Fiscal Year 2	2024-2025		
Type of Funding	<u> </u>		Amo	ount	
Operations			AIII	0	
Fixed Capital Outlay	,			1,500,000	
Total State Funds				1,500,000	
Total State Lulius	Nequesteu			1,300,000	
7. Total Project Cost f	for Fiscal Year 202	4-2025 (includino	g matching funds ava	ailable for this proje	ct)
Type of Funding			Amount	Percentage	
Total State Funds R	equested (from que	stion #6)	1,500,000	30%	
Matching Funds					
Federal			0	0%	
State (excluding the	amount of this requ	iest)	0	0%	
Local			0	0%	
Other			3,500,000	70%	
Total Project Costs	s for Fiscal Year 20	24-2025	5,000,000	100%	
8. Has this project pr	eviously received :	state funding?	Yes		
Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2022-23	0	750,00	00 1214A	No	
9. Is future funding li	kely to be requeste	ed?	No		
a. If yes, indicate n	onrecurring amou	nt per year.			
b. Describe the so	urce of funding tha	t can be used in	lieu of state funding		
Safe Children Coa	lition is working to fir	nd grant funding a	and fundraising.		
10. Has the entity req	uesting this projec	ct received any fe	ederal assistance rela	ated to the COVID-1	9 pandemic?



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

Received a PPP loan to pay for staff wages, etc., in the amount of \$2,134,400 received April 2020.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

1	1		Status	of	Constr	uction
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	a.	What	is t	he	current	phase	of	the	pro	ject [*]	?
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Planning	Design	Construction	O N/A		
b. Is the project '	'shovel ready" (i.e permitted)?		No	
c. What is the es	4/1/2024				
d. What is the es	timated comple	tion date of construc	ction?	12/31/2024	

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.

Safe Children Coalition, Inc., a Florida Not For Profit Corporation, will own and operate the facility as a youth shelter to provide services as outlined in F.S. 984 and as described in the Program Description above, Question No. 4.

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	Construction of licensed facility to provide services for at risk youth in Sarasota and DeSoto Counties. The location has been secured which is easily accessible to public transportation, walking or bicycling.	1,500,000
Total State Funds Requested (m	ust equal total from question #6)	1,500,000

14. Program Performance

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



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To provide a safe facility for housing and basic necessities, consistent with Fla. Stat. Ch. 984 for youth in crisis, such as lock out from family home, homelessness, runaway, truant, ungovernable, human trafficking, step downs from Baker Acts, respite, and diversion from Dependency Court.

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

Children at the shelter will have a stable place during the day and night and can be accommodated even with prior criminal history, substance abuse, mental health or other issues impacting their home life. Counseling, family counseling, additional wrap around services and transportation to their home school is provided to the youth for better outcomes and stability leading to a more successful adulthood.

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

Counseling, family counseling, wrap around services, crisis intervention, life skills development, referrals to after-care programs, service linkages, comprehensive assessment, and transportation to their home school is provided to the youth.

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

At risk youth ages 10-17 in Sarasota and DeSoto Counties.

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

Children will be more stable, have better access to consistent transportation and access to education, diversion from Dependency Court, and wrap around services; all of which lead to better outcomes for the youth thus providing a path for becoming a more successful adult. The location has been secured which is easily accessible to public transportation, walking or bicycling.

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?

The Contract can be terminated for failure to meet deliverables, in whole or in part, for default, by employing the default provisions of applicable Fla. statutes and administrative regulations upon written notice to the Requester.

Informati	ion				
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□Other (please specify)

d. First Name	Nina	Last Name	Slater
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17. Lobbyist Contact Information

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