



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2257

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The requested funds will be used to support Connecting Everyone with Second Chances, Inc. (CESC) emergency shelter, mental health, and diversion services to support approximately 1,500 individuals who are homeless or at risk for homelessness in the Big Bend Region of Florida.

5. State Agency to receive requested funds

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	2,650,000
Fixed Capital Outlay	0
Total State Funds Requested	2,650,000

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)	2,650,000	70%
Matching Funds		
Federal	55,000	1%
State (excluding the amount of this request)	0	0%
Local	1,100,000	29%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	3,805,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	1,500,000	354	No

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

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

Unknown.

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.

\$500,000 PPP loan to maintain the provision of our services.



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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)?

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.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	N/A	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	Administrative and indirect costs, includes assistance for required single audit costs and general administrative costs associated with the operation of the program.	145,000
Consultants/Contracted Services/Study	N/A	0
Operational Costs: Other		
Salary and Benefits	Emergency Services Staff, Diversion Staff, and Mental Health Staff	500,000
Expense/Equipment/Travel/Supplies/Other	Emergency Shelter, Mental Health and Supportive Services, and Primary Care Costs Includes the purchase of approximately 100 additional beds for the shelter and 400 storage bins for the unhoused population.	2,005,000
Consultants/Contracted Services/Study	N/A	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,650,000

14. Program Performance

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

Approximately 1,500 individuals who are homeless or at risk for homelessness in the Big Bend Region of Florida will receive diversion services, mental health services, primary care services, and emergency shelter.

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



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Diversion Services: Keeps people from entering the shelter by helping them find stable, affordable housing.
 Emergency Shelter: Overnight and day program
 Mental Health Services: Counseling and medication management
 Primary Care Services: Free in-house medical care available for clients and the greater community.

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

Diversion Services: Keeps people from entering the shelter by helping them find stable, affordable housing.
 Emergency Shelter: Overnight and day program
 Mental Health Services: Counseling and medication management
 Primary Care Services: Free in-house medical care available for clients and the greater community.

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

We anticipate serving approximately 1,500 individuals with this funding. Our target population are those who are homeless or at risk for homelessness in the Big Bend Region of Florida. This includes seniors, people with poor mental or physical health, drug users, formerly incarcerated individuals, and victims of crime.

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

1,200 people will receive primary care services. This includes clients of the Kearney Center as well as unhoused community members not living at the shelter. 240 people will receive mental health services, including counseling and medication management as well as referrals to community mental health providers. These services will help reduce the long-term trauma, stress, and anxiety associated with experiencing homelessness to improve our client's mental health.

We track all of our data through HMIS.

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?

Delay or loss of funding tied to deliverable requirements.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number