

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2548

1. Project Title	One Hopeful Pla Renovation Proje		Shelter	Intake and Resou	rce Center		
2. Senate Sponsor	Jay Trumbull						
3. Date of Request	02/21/2023						
4. Project/Program D	escription						
a homeless shelter resources for our co service One Hopefu	intake (new homele ommunity homeless	ss participants) a men and womai rticipants, additio	and res n. Ren onal co	source center. Our ovating an existing ommunity homeles	goal is to provide a building will provic s individuals, and p	enovation to be used as a safe environment and de the space needed to provide more resources,	
5. State Agency to re	ceive requested fu	nds Depa	rtment	of Children and Fa	amilies		
State Agency conta	acted? No						
6. Amount of the Non	recurring Request	for Fiscal Year	2023-	2024			
Type of Funding				Amo	unt		
Operations					0		
Fixed Capital Outlay				500,000			
Total State Funds	Requested				500,000	J	
7. Total Project Cost	for Fiscal Year 202	3-2024 (includi	ng ma	tching funds ava	lable for this proj	ect)	
Type of Funding				Amount	Percentage		
Total State Funds Requested (from question #6)				500,000	100%		
Matching Funds					00/		
Federal	e amount of this requ	loot)		0	0% 0%		
, ,	amount of this requ	iest)		0	0%		
Local Other				0	0%		
	s for Fiscal Year 20	023-2024		500,000	100%		
8. Has this project pr			Y	es			
Fiscal Year	Amo	ount		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	g A	Appropriation #			
>5 years	0		0		No		
9. Is future funding li	kely to be requeste	ed?	No				
a. If yes, indicate r	nonrecurring amou	nt per year.					
b. Describe the so	urce of funding tha	at can be used i	in lieu	of state funding.			
Fundraising, grant	s, and donations.						
10. Has the entity rec	upsting this project	rt received any	fodor	al assistance rela	ted to the COVID	19 nandemic?	
	_l uesting tills projet	or received ally	icuela	ai assisialice ield	red to the COAID-	13 panuemic:	
No							



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LFIR # 2548

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

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	
b. Is the project "shovel read	y" (i.e permitted)?	No
c. What is the estimated start	t date of construction?	8/1/2023

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.

1/31/2024

Community Solutions of the Emerald Coast (One Hopeful Place).

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

d. What is the estimated completion date of construction?

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	NA	0
Other Salary and Benefits	NA	0
Expense/Equipment/Travel/Supplies/Other	NA	0
Consultants/Contracted Services/Study	NA	0
Operational Costs: Other		
Salary and Benefits	NA	0
Expense/Equipment/Travel/Supplies/Other	NA	0
Consultants/Contracted Services/Study	NA	0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Renovation- Planning, engineering and general contracting associated with the construction of One Hopeful Place's Intake and Resource Center. The center will be used by underserved and homeless individuals in the community.	500,000
Total State Funds Requested (m	ust equal total from question #6)	500,000

14. Program Performance

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

Our goal is to provide a safe environment and resources for our community homeless men and woman. Renovating an existing building will provide the space needed to service One Hopeful Place's current participants, additional community homeless individuals, and provide more resources, education, technical skill classes, social activities, workshops, and an intake office.



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LFIR # 2548

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

The building will support multiple programs. The center will focus on the intake process and provide case management to determine each homeless individual's specific needs such as substance abuse treatment, health screenings, educational courses, benefits advocacy, Social Security Disability Insurance (SSDI) benefits, veteran's benefits, and housing transition.

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

The direct services we will provide include safe and secure stable shelter as well as directly-provided meals, showers, clothing. Additional services include laundry, resource advocacy, technical or educational opportunities, and life skills learning assistance.

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

Over the life of this project, we expect to serve the population of over 800 chronically hard to reach homeless individuals in the surrounding communities.

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

The expected benefit is to improve the shelter operations and provide resources to enhance homeless individual's lives. The renovation of the existing building would expand the capacity to operate the shelter providing many more resources, additional shelters, and housing to the increasing population of our community homeless. One Hopeful Place currently provides a safe shelter for 50 homeless men and 19 homeless women participants. When the weather is below 40 degrees One Hopeful Place opens the Cold Night Building to all of the community/county unsheltered which averages 48+ more individuals. The outcome of this project can be measured by an increase of homeless individuals that One Hopeful Place can serve accumulatively receiving training, resources, mental and health care, and the ability to transition into affordable housing independently.

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 meet deliverables will result in return of funds to administering agency.

15.	Requester Contact	t Informat	ion			
	a. First Name	Ted		Last Name	Corcoran	
	b. Organization	Community Solutions of the Emerald Coast (One Hopeful Place)				
	c. E-mail Address	tedcorcor	tedcorcoran@fwbchamber.org			
	d. Phone Number	(850)244	-8191	Ext.		
16.	16. Recipient Contact Information					
	a. Organization	Community Solutions of the Emerald Coast (One Hopeful Place)				
	b. Municipality and County Okaloosa					
	c. Organization Type					
	□For Profit Entity					
	☑Non Profit 501(c)(3)					
	□Non Profit 501(d	c)(4)				



17.

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2548

□Local Entity						
□University or College						
□Other (please specify)						
d. First Name	Ted	Last Name	Corcoran			
e. E-mail Address	tedcorcoran@fwbchamber.org					
f. Phone Number	(850)244-8191					
Lobbyist Contact Information						
a. Name	None					
b. Firm Name	None					
c. E-mail Address						
d. Phone Number						