



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Community Hope Center, Inc.

2. **Senate Sponsor:** Victor Torres

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

The Community Hope Center provides holistic care to all those facing homelessness and poverty in Osceola County. Our program provides case management, advocacy, food insecurity assistance, employment assistance, rapid rehousing, chronic homeless outreach, and access to referrals to 63 partner agencies. We also administer IDignity Osceola, a program that helps 600 people a year obtain Florida IDs.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
100,000		100,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	40,334	15.7%
State (excluding the amount of this request)	0	0.0%
Local	117,000	45.5%
Other	0	0.0%
TOTAL	157,334	61.2 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 257,334

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

- a. If yes, indicate non-recurring amount per year.

\$100,000

11. Program Performance:

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

These funds will be used to provide case management and identification services to the 6,000 people a year who access programs through The Community Hope Center. In the past five years the agency has served over 21,000 people facing poverty in Osceola County. Currently Osceola County has a housing shortage, which is causing an epidemic of homeless families living in hotels and motels along the 192 corridor. Our agency is providing services to those families that are keeping them from becoming homeless on the streets. We are especially worried about the Puerto Rican evacuees who will be coming into a community that is already strapped for social services support. As the city and county work to provide housing options there must be an agency that is able to provide wrap around services to help families become stable in those housing options. The Community Hope Center is the go-to agency to provide those services and would appreciate state support to help our neighbors in need.

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

These funds will be used to provide case management and identification services to the 6,000 people a year who access programs through The Community Hope Center. In the past five years the agency has served over 21,000 people facing poverty in Osceola County. Currently Osceola County has a housing shortage, which is causing an epidemic of homeless families living in hotels and motels along the 192 corridor. Our agency is providing services to those families that are keeping them from becoming homeless on the streets. We are especially worried about the Puerto Rican evacuees who will be coming into a community that is already strapped for social services support. As the city and county work to provide housing options there must be an



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c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Staff training and travel.	2,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Program Director \$53,263 Program Assistant \$39,683 Family Advocate (HUD FT) PT Front Desk PT Front Desk Chaplain IDignity Attorney Program Assistant	92,946
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Equipment (computers/printer lease)	5,054
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

d. What are the direct services to be provided to citizens by the appropriations project?

Case management, advocacy, and ID services.

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

3,000 individuals/1,200 families/600 ID services.



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

Our goal for all families is to help them move past hotel housing options to supportive housing. Wrap around services are measured by how many families we are able to get housed and remain housed. We use extensive reporting to track families. Our intention is to provide 100% access to resources and referrals to help families overcome homelessness. We also work with individuals to provide identification services and are working to provide IDs services to 600 people a year. The metric for care in identification services is based on how many people we have been able to help receive IDS which in turns helps them start the process of getting jobs, housing, and back on their feet.

g. 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 in the contract?

The current standard penalties for noncompliance are adequate. However, we would expect to not receive future funding if metrics were not met.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Rev. Mary Downey
- b. **Organization:** Community Hope Center, Inc
- c. **Email:** Mary.downey@hope192.com
- d. **Phone Number:** (407)677-0245

14. Recipient Contact Information:

- a. **Organization:** Community Hope Center, Inc
- b. **County:** Osceola
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Rev. Mary Downey
- e. **E-mail Address:** Mary.downey@hope192.com
- f. **Phone Number:** (407)677-0245

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** None
- b. **Firm:** None



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c. Email:

d. Phone Number: