



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1293

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The goal of this program is to provide financial assistance and services to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized. This program is a part of a collaborative effort of more than 40 public and private partners led by the City of Fort Lauderdale, Broward County, and the United Way of Broward County.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="400,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	400,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="400000"/>	<input style="width: 80%;" type="text" value="80.0 %"/>
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Local	<input style="width: 80%;" type="text" value="100,000"/>	<input style="width: 80%;" type="text" value="20 %"/>
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Total Project Costs for Fiscal Year 2020-2021	500,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="250,000"/>	<input style="width: 80%;" type="text" value="2307A"/>	<input type="checkbox"/> No

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		[]
Other Salary and Benefits		[]
Expense/Equipment/Travel/Supplies/Other		[]
Consultants/Contracted Services/Study		[]
Operational Costs: Other		
Salary and Benefits		[]
Expense/Equipment/Travel/Supplies/Other		[]
Consultants/Contracted Services/Study	Through collaborative partnerships, funds will be used for time-limited direct financial assistance for move-in expenses, rent, deposits, utilities, and other related costs. Ongoing case management before, during and after the Rapid Rehousing Program will also be provided.	400,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		[]
Total State Funds Requested (must equal total from question #6)		400,000



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11. Program Performance

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

This program assists individuals experiencing homelessness primarily due to economic factors who need a little assistance beyond housing itself. Rapid Rehousing quickly gets a family/individual who is experiencing homelessness off of the street and has been proven nationally that up to 85% of participants do not return to homelessness.

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

This program will provide time-limited direct financial assistance for move-in expenses, rent, deposits, utilities, and other related costs. Those served will receive ongoing case management before, during, and after the Rapid Rehousing Program including regular assessments to determine their level of self-sufficiency and progress toward achieving stable housing.

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

The services provided to citizens include short-term or medium-term rental assistance, including utility deposit assistance, and appropriate support services with case management to help homeless individuals/families achieve self-sufficiency.

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

Approximately 50 families and individuals experiencing homelessness.

- 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 those helped will achieve self-sufficient stable housing. This will be measured by ongoing case management for clients served annually as well as regular assessments to determine the level of self-sufficiency and progress toward achieving stable housing. This methodology reduces the long-term stress on shelter beds by saving them for the homeless population that requires more comprehensive assistance.

- 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 in the contract?

Reimbursement should be withheld for services not properly documented.



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12. **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.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.