



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1576

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

## 4. Project/Program Description

The funds being requested will be utilized to provide assistance for security deposits for former foster youth, including parenting youth who are raising their own children, as well as families for whom the lack of adequate housing is a primary factor in: the imminent placement of the family's child or children in out-of-home care, or the delay in the discharge of the child or children to the family from out-of-home care. The goal is to improve housing stability for the above populations for whom costs of deposits are a barrier to obtaining housing, and in turn, preventing children from being abused. Monroe and Miami-Dade have the highest Fair Market Rent (FMR) values in Florida, respectively. FMR values are determined by the U.S. Department of Housing and Urban Development for rental assistance programs. Average rents for apartments in Miami-Dade have increased between 30%-65% from 2021 to 2022, in what was already one of the most one of the most expensive markets in the country.

5. State Agency to receive requested funds State Agency contacted? 

## 6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>400,000</b>

## 7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>400,000</b>	<b>100%</b>

8. Has this project previously received state funding? 

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year. 

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



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There are no alternative funds currently available that can be used in lieu of state funding for deposit assistance because the target populations are not eligible for assistance through other sources. Citrus would have to seek private funds for this purpose.

#### 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.

Citrus Health Network received federal assistance related to the COVID-19 pandemic. As a Federally Qualified Health Center and Community Mental Health Center, Citrus has a variety of programs and services ranging from inpatient, residential, crisis stabilization and outpatient care for physical health and mental health conditions. Federal assistance funds were used to cover loss of revenue and COVID costs.

## 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 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	The funds will be utilized to provide security deposit assistance for former foster youth and as well as families for whom the lack of adequate housing is a primary factor in: the imminent placement of the family's child or children in out-of-home care, or the delay in the discharge of the child or children to the family from out-of-home care. Funds will be paid directly to the landlord.	400,000
Consultants/Contracted Services/Study		0



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#### Fixed Capital Construction/Major Renovation:

Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		400,000

#### 14. Program Performance

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

The funds being requested will be utilized to provide assistance for security deposits for former foster youth as well as families for whom the lack of adequate housing is a primary factor in: the imminent placement of the family's child or children in out-of-home care, or the delay in the discharge of the child or children to the family from out-of-home care. The goal is to improve housing stability for the above populations for whom costs of deposits are a barrier to obtaining housing.

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

Funds will be utilized to provide deposit assistance for youth and families who meet eligibility criteria for the Fostering Youth to Independence and Family Unification Program housing choice vouchers. While the HUD vouchers cover the rental cost, assistance is not available for security deposits. Security deposits are usually equal to at least 1-2 months rent, making the expense prohibitive for many youth and families.

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

Citrus Health Network's Housing Department will provide housing navigation services to help the youth or family identify a rental unit. If applicable, Citrus staff will work with the local child welfare system of care housing review committee and the Public Housing Authority to secure a housing voucher and coordinate with the landlord to apply the deposit assistance to facilitate move in.

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

The target populations are former foster youth as well as families for whom the lack of adequate housing is a primary factor in: the imminent placement of the family's child or children in out-of-home care, or the delay in the discharge of the child or children to the family from out-of-home care. The group includes economically disadvantaged persons, at-risk youth, and homeless persons.

##### 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 of the program is to enhance the housing stability and self-sufficiency of former foster youth and families for whom the lack of adequate housing is a primary factor in: the imminent placement of the family's child or children in out-of-home care, or the delay in the discharge of the child or children to the family from out-of-home care. The outcome will be measured by tracking the number of youth and families receiving deposit 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 the contract?

Citrus Health Network will work closely with the Department of Children and Families and local Public Housing Authorities to meet deliverable and performance measures.

#### 15. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 16. Recipient Contact Information



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**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**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**