



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2983

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Established in 1992, Brehon House is transitional housing in Tallahassee that provides safe and secure housing for homeless, pregnant women and their infants. Services are at no cost to the residents. The women are permitted to bring children three years and younger to live with them. The women and children are provided a stable, nurturing, safe and loving environment. Weekly case management helps each resident set goals to eventually transition into more permanent housing.

Brehon House can accommodate six women plus their newborns and toddlers at any given time. The residents must be at least 18 years or older, pregnant at the time of their enrollment, currently homeless or living in a dangerous environment from which they wish to escape, have no criminal history that would pose a danger to themselves or others and be willing to abide by house rules.

5. State Agency to receive requested funds

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	0
Total State Funds Requested	100,000

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)	100,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	100,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	100,000	315A	No

9. Is future funding likely to be requested? Yes

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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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.

Brehon Family Services received \$59,000. in federal assistance. These funds were used exclusively to keep Brehon House, part-time staff employed. This allowed us to continue to keep keep our shelter open and provide services 24 hours a day.

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project Head is .75 FTE	48,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Deputy Director is 1 FTE	52,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		100,000

14. Program Performance

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



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The goal of Brehon House is to provide a life-changing experience for homeless, pregnant women and their infants. Brehon House is the only maternity home offering services exclusively to pregnant women in need of housing. Our transitional housing and self-sufficiency services provide prenatal services as well as post-natal services. Brehon House case management for residents provides nutrition classes, budgeting, connection to medical providers (obstetrician, pediatrician, mental health counseling and substance abuse counseling) and parenting. Brehon House is located in Leon county but accepts women and children in need of housing from all surrounding counties.

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

The funds are intended to provide service sustainability for the women and infants at Brehon House.

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

Continuing to provide safe and secure transitional housing to women and children. Brehon House benefits all areas of the community by positively affecting two generations, Two of our main goals for our residents are to have healthy baby and to find more permanent housing. These goals cannot be achieved if the beginning years of life are compromised by homelessness, untreated mental health issues related to trauma, substance abuse and domestic violence.

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

The target population is homeless, pregnant women and their infants. We expect to serve at least 35 women and children each year.

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 the self-sufficiency of the women and children we serve. Case management tracks and records health data and gain of knowledge through pre and post tests. Brehon House provides instruction on budgeting, life management, employment skills, self-esteem, nutrition, smoking cessation, childbirth education and parenting skills.

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?

Penalties include loss of funding.

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



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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