



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Five Star Veterans Center Homeless Housing and Re-integration Project

2. **Senate Sponsor:** Audrey Gibson

3. **Date of Submission:** 12/08/2017

4. **Project/Program Description:**

Five STAR Veterans Center is Northeast Florida's only Veterans Housing Community for homeless or displaced veterans, and the first facility in Florida that focuses solely on these men and women.

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 Veterans Affairs

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
796,250		796,250

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

Type	Amount	Percent
Federal	60,000	4.3%
State (excluding the amount of this request)	50,000	3.6%
Local	424,896	30.8%
Other	50,000	3.6%
TOTAL	584,896	42.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,381,146

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



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

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

Yes

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

\$796,250.00

### 11. Program Performance:

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

The main goals are to help homeless or displaced veterans who are dealing with Post Traumatic Stress or Traumatic Brain Injury and other behavior health issues. The goal is to achieve greater self-determination, improved residential stability, and increased income and/or job skills, through individual Passport to Independence long-term execution plans developed for each veteran.

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

Housing Services: Shelter, safety, three meals a day, hygiene supplies, clothing, mental health counseling and Life Skills classes. On-Site Job Center: Access to computers, Internet, email, etc. Employment services including vocational guidance, job readiness skills, computer familiarity, computer assisted job search, Internet and email guidance, resume development, and job referrals and coaching.

#### 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	Equipment, program materials	30,000



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	and supplies to support the Passport to Independence program. Assessment materials, tracking support projections and printing materials/equipment.	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Partial Funding supporting one (1) Project Manager leads the centers efforts and guides the staff to meet all homeless veterans needs. One (1) FTE Residential Case Manager facilitates the achievement of client wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, and service facilitation. One (1) Full time Registered Mental Health Intern. Provide evidenced based treatment interventions, including: Trauma-Focused Cognitive Processing .	136,250
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Program Residential Living Expenses(35) residents - Includes the cost ofthree meals per day, housing, and program activities. Behavioral HealthAssessment Instruments to capture veteran's baseline symptoms and monitor progress in addressing them.	630,000
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		796,250

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

Housing Services: Shelter, safety, three meals a day, hygiene supplies, clothing, and Life Skills classes. On-Site Job Center: Access to computers, Internet, email, etc. Employment services including, vocational guidance, job readiness skills, computer familiarity, computer assisted job search, Internet and email guidance, resume development, and job referrals and coaching.

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

Veterans that are elderly, have poor mental health, have poor physical health, jobless, economically disadvantaged, homeless, developmentally disabled, physically disabled, drug users (in health services), university/college students, currently or formerly incarcerated, drug offenders (in criminal Justice), victims of crime.

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

100% of residents will create an individual care plan for improving their physical, behavioral/mental health and overall wellbeing. Focusing on the goals of residential stability, increased skill and/ or income levels and greater self-determination, elements of individual care plans will include, but not be limited to: smoking cessation, reduced alcohol/substance use, tackling obesity, improved levels of physical activity, veterans benefit navigation, life skills improvement, and job training. Residential Case Manager will use a person-centered approach to assess each resident's current needs and help residents identify key goals and aspirations, setting dates/times that are realistic and manageable for achieving goals. 80% of residents will show improvement in their physical and behavioral/mental health. 100% of residents will be assessed and connected to resources ensuring they are receiving the government benefits they are entitled. 60% of residents who are unemployed will enter job

**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?**

Penalty - Metric shortfalls require action plans and reporting updates to meet deliverable/ target metrics. Metrics: Number of veterans served (200 veterans supported per month); Number of veterans and family members served (250 veterans and family supported/ month); Number of meals provided (150 meals per month); Number of hours of support for veteran services (650 hours of VSO support); Number of Mental (Health) Wellness events/ veterans served (number of therapy sessions and engagement events).

**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.**



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N/A

### 13. Requestor Contact Information:

- a. **Name:** Francis Loving
- b. **Organization:** Five Star Veterans Center
- c. **Email:** len.loving@5starveteranscenter.org
- d. **Phone Number:** (904)723-5950

### 14. Recipient Contact Information:

- a. **Organization:** Five Star Veterans Center
- b. **County:** Duval
- 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:** Francis Loving
- e. **E-mail Address:** len.loving@5starveteranscenter.org
- f. **Phone Number:** (904)723-5950

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

- a. **Name:** Joe Mobley
- b. **Firm:** The Fiorentino Group
- c. **Email:** jmobley@TheFiorentinoGroup.org
- d. **Phone Number:** (904)358-2757