



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1216

1. **Project Title** Five Star Veterans Center2. **Senate Sponsor** Audrey Gibson3. **Date of Request** 10/24/20194. **Project/Program Description**

Providing critical services to our community, Five Star Veterans Center is the only residential transitional center for veterans experiencing homelessness in Northeast Florida.

Veterans enter into a program with on-site services that restores their mental and physical health, provides education, job and life readiness preparation, and post-residential support programs to ensure a successful transition to civilian life.

5. **State Agency to receive requested funds** Department of Veterans' AffairsState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	374,000
Fixed Capital Outlay	000
Total State Funds Requested	374,000

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)	374,000	43.0 %
Matching Funds		
Federal	80,000	9 %
State (excluding the amount of this request)	00	0 %
Local	400,000	45 %
Other	30,000	3 %
Total Project Costs for Fiscal Year 2020-2021	884,000	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		
2019-20	00	250,000	575A	No

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 374,000



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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	Equipment and Program materials supplies to support the passport to Independence program. Assessment materials, tracking support projections and printing materials/equipment.	50,000
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Funding to support one (1) mental health counselor, who leads the centers efforts and guides the staff to meet the homeless veterans' needs. One (1) FTE Residential Case Manager performing the duties as outlined in the approved job description.	100,000
Expense/Equipment/Travel/Supplies/Other	Program Residential Living Expenses (40) residents - Includes the cost of three meals per day, housing, and program activities. Behavioral Health Assessment Instruments to capture veteran's baseline symptoms and monitor progress in addressing the symptoms.	224,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		374,000



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Fiscal Year 2020-2021

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11. Program Performance

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

The Five STAR Veterans Center offers to help homeless or displaced veterans who are suffering with Post Traumatic Stress or other behavior health issues. The goal is to achieve greater self-determination, independent residential and increased financial stability, and improved job skills through an individual Passport to Independence long-term goal achievement plan.

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

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. Five Star Veterans Center provides shelter and programming to re-integrate veterans into civilian life.

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

Five Star Veterans Center will provide assessments for behavioral/mental health issues to all participants. From that assessment, Five Star will develop, and update every 90 days, comprehensive and individualized treatment plans based on the problems and needs identified. In addition, Five Star Veterans Center will provide evidence-based treatment methods focused on helping to develop solid strategies to promote healthy decision-making and to heal emotional/psychological distress of participants - based on sound therapeutic knowledge and individualized to the specific needs and desires of participants and their families. Five Star provides on-site Job assistance: access to a computer lab, WiFi and email to engage in employment services. Services include job, resume and interview support, vocational guidance, computer skills and job referrals. On-site behavioral health services are available to all participants.

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

Veterans in our state with poor physical and mental health, jobless veterans, Economically disadvantaged veterans, homeless veterans, currently or formerly incarcerated veterans, Veterans with substance abuse problems. Over 800 individuals served.

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

Reduce veteran homelessness and return those veterans to independent living with coping skills, jobs, and a home. The overall methodology rate through Dec 1, 2018 is 86.1%. This outcome is measured by the successful transition rate of Veterans from our care into general society.

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?

Penalty- Money per day due to not meeting the minimum requirements as provided.



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LFIR # 1216

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 No capital outlay funding.

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.