



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1675

1. Project Title Re-entry Alliance Pensacola, Inc. "REAP" Escambia County Re-entry Portal

2. Senate Sponsor Doug Broxson

3. Date of Request 02/17/2021

4. Project/Program Description

Re-entry Portal for Escambia County: continuation of funding for a re-entry portal in Escambia County providing a complete range of transitional re-entry services, including housing, case management, registration, assistance with identification and job placement assistance to recently released men and women returning to Escambia County.

5. State Agency to receive requested funds Department of Corrections

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</b>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	46%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	350,000	54%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>650,000</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	300,000	715	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 300,000

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

Local foundations, private individual support, faith-based organizations, local governmental units, program fees from clients, and in-kind matching funds.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes



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If yes, indicate the amount of funds received and what the funds were used for.

\$27,523 for housing and food for clients.

#### 11. 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	Salary for a degreed (J.D.) Executive Director plus taxes, insurance and benefits calculated at 25% of base salary.	96,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salary for five positions: Director of Housing and Employer Relations; Administrative Assistant (MSN); Director of Women's Program BS, MSW; Men's Case Manager; Transportation Driver; Total includes taxes, insurance and benefits calculated at 25% of base salary.	183,500
Expense/Equipment/Travel/Supplies/Other	Partially covers costs for Office Supplies, Communication, Computers, Insurance and Utilities.	20,500
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

#### 12. Program Performance

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

To partially fund the continuation of a re-entry portal primarily serving Escambia County with a comprehensive re-entry transitional program for men and women returning to Escambia County from incarceration in state prisons, including intake and reception services, housing, transportation services, substance abuse counseling, case management, and job placement services. The program includes a referral hotline for recently released individuals and their families. Projected number of total clients served is 500, with 200 receiving intensive case management services.

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

Complete intake and reception at time of release, assistance in meeting registration requirements with sheriff and probation offices; assistance in obtaining proper identification; assistance in applying for food stamps, Social Security and VA benefits, assistance in meeting immediate needs for food, clothing and hygiene items; providing supported housing; assistance in job applications and job placement; providing job specific clothing and tools.

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

The program provides assistance in transportation; assists in obtaining proper identification; application for food stamps, Social Security, SSDI, SSI and VA benefits; provides hygiene items, bedding and clothing; provides housing; assistance in job applications, interviews and placement.

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

The target population is the approximately 1200 individuals returning from Florida State prisons to Escambia County. We expect to again provide intensive case management services to 200 men and women during the fiscal year.

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



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be measured?

We expect to reduce the rate of recidivism to less than 15% for the two years following release. Using information obtained from FDOC, local law enforcement agencies, FDLE and other public records, we follow our clients for a period of three years following release.

**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?**

The contracts with FDOC provide for substantial monetary penalties for failing to timely submit required reports; for failing to achieve specific results for program completion and for rates of recidivism.

**13. 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.**

No



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LFIR # 1675

#### 14. Requestor Contact Information

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

#### 15. 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

#### 16. Lobbyist Contact Information

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