



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1797

1. Project Title  "REAP" Santa Rosa Re-entry Portal

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Re-Entry Portal for Santa Rosa County: establishment of a re-entry portal for Santa Rosa 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 Santa Rosa County.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>100,000</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)	100,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>200,000</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.

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?

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



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\$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		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	Salaries and benefits for a case manager plus taxes, insurance and benefits calculated at 25% of base salary, plus housing stipend for resident manager.	67,000
Expense/Equipment/Travel/Supplies/Other	Partially covers costs for office supplies, communication, computer expense, insurance and utilities.	33,000
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>100,000</b>

#### 12. Program Performance

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

To partially fund the establishment of a re-entry portal primarily serving Santa Rosa County with a comprehensive re-entry transitional program for men and women returning to Santa Rosa County from incarceration in Florida state prisons, including intake and reception services, housing, transportation services, substance abuse counseling, case management, and job placement services. The program includes a referral hot-line for recently released individuals and their families. Projected number of total clients served is 225, with 75 receiving intensive case management services.

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

Pre-release coordination with clients and releasing institutions; complete intake and reception at time of release; assistance in meeting registration requirements with sheriff's office and probation office; assistance in obtaining proper identification; assistance in applying for food stamps, Social Security, SSI, SSDI and VA benefits; assistance in meeting immediate needs for food, clothing, and hygiene items; providing supported housing; assistance in job applications, interviews, and placement; providing job-specific clothing and tools.

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

The portal provides assistance in transportation; assists in obtaining proper identification; assists in applications for food stamps, SS, SSDI, SSI and VA benefits; provides hygiene items, bedding, and clothing; provides housing; provides assistance in job applications, interview skills, 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 500 individuals returning to Santa Rosa County from Florida State prisons. We expect to provide intensive case management programs to 75 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 be measured?



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The portal will reduce the rate of recidivism to less than 15% for individuals in the intensive case management program for a period of two years from date of intake. We anticipate using information from local law enforcement agencies, FDOC, FDLE and other public records 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 expected contract with FDOC will include substantial monetary penalties for failure to submit required reports in a timely manner; penalties for failing to achieve specificall enumerated goal related to program completion, and rate 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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#### 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