

LFIR # 1361

1. Project Title	Youth Transitional Housing Project					
2. Senate Sponsor	Linda Stewart					
•						
3. Date of Request	11/02/2021					
4. Project/Program De	scription					
currently provides ho	housing facility for LGB ⁻ using for 11 youth in sca ide housing for approxin	attered sites	ages 13-24 who are ider s. The goal of this projec outh in one location.	tified as homeless. t is to build (or leas	Zebra Coalition e) a stand alone	
5. State Agency to rec	eive requested funds	Depar	tment of Children and Fa	amilies		
State Agency contacts. S. Amount of the Nonre	ecurring Request for F	iscal Year	2022-2023			
Type of Funding			Amo	Amount		
Operations				0		
Fixed Capital Outlay				500,000		
Total State Funds R	equested			500,000		
Type of Funding	and at a different and at a second	#6)	Amount	Percentage		
	quested (from question	#6)	500,000	100%		
Matching Funds			_			
Federal			0	0%		
,	amount of this request)		0	0%		
Local			0	0%		
Other			0	0%		
Total Project Costs	for Fiscal Year 2022-2	023	500,000	100%		
3. Has this project pre	viously received state	funding?	No			
Fiscal Year (yyyy-yy)	Amount Recurring No	onrecurring	Specific Appropriation #	Vetoed		
9. Is future funding like			No			
a. If yes, indicate no	nrecurring amount pe	er year.				
b. Describe the sour	rce of funding that car	n be used iı	n lieu of state funding.			
No	esting this project rec	-			19 pandemic?	



LFIR # 1361

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits		0			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering	Build or lease a stand alone building that will provide housing for 25 youth.	500,000			
Total State Funds Requested (must equal total from question #6)					

12. Program Performance

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

The purpose of this project will be to establish a single location in which the Zebra Coalition is able to house 25 homeless youth ages 18-24.

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

Consolidated location of housing assistance for currently homeless youth.

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

Homeless youth will be provided with a transitional housing location to live while working towards self sufficiency.

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

Currently, 25 individuals ages 18-24, are expected to be provided housing.

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

Youth who are homeless will have housing for up to 2 years in the program. Benefits will be an active reduction of youth homelessness in the central Florida area. Program methodology may be measured by the number of individuals who transition out of the housing assistance program and achieve self sufficiency.

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?

Return of unused funds should not all be spent or services not provided to target population.

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.



LFIR # 1361

The owner of the facility will be Zebra Coalition, a nonprofit 501(c)(3) organization.



LFIR # 1361

14. Requestor Contact	Informat	ion					
a. First Name	Heather		Last Name	Wilkie			
b. Organization	Zebra Coalition						
c. E-mail Address	hwilkie@zebrayouth.org						
d. Phone Number	(407)399-0774 Ext.						
15. Recipient Contact Information							
a. Organization	Zebra Coalition						
b. Municipality and	I County	Orange					
c. Organization Tyլ	c. Organization Type						
□For Profit Entity	,						
☑Non Profit 501(c	(c)(3)						
□Non Profit 501(c	□Non Profit 501(c)(4)						
□Local Entity	□Local Entity						
□University or Co	□University or College						
□Other (please sp	□Other (please specify)						
d. First Name	Heather		Last Name	Wilkie			
e. E-mail Address	hwilkie@zebrayouth.org						
f. Phone Number							
16. Lobbyist Contact Information							
a. Name	None						
b. Firm Name	None						
c. E-mail Address							
d. Phone Number							