

LFIR # 1407

| i. Project Title | rive Star Vetera | is Center Homele | SS Housing | g and Re-inte | egration Project | | | |
|---|---|--|-------------|-----------------|----------------------|---------------------------|--|--|
| 2. Senate Sponsor | Audrey Gibson | | | | | | | |
| 3. Date of Request | 11/30/2021 | | | | | | | |
| 4. Project/Program D | escription | | | | | | | |
| veterans experience their mental and ph | ervices to our comming homelessness in ysical health, provide a successful transit | Northeast Florida es education, job a | . Veterans | enter into a | program with on-sit | te services that restores | | |
| 5. State Agency to re | ceive requested fu | nds Departn | nent of Ve | terans' Affairs | S | | | |
| State Agency cont | acted? No | | | | | | | |
| 6. Amount of the Non | recurring Request | for Fiscal Year 20 | 022-2023 | | | | | |
| Type of Funding | | | Amount | | | | | |
| Operations | | | | | 374,000 | | | |
| Fixed Capital Outla | | | | | 0 | | | |
| Total State Funds | Requested | | | | 374,000 | | | |
| 7. Total Project Cost | for Fiscal Year 202 | 2-2023 (including | matching | g funds avail | lable for this proje | ect) | | |
| Type of Funding | | | Amo | unt | Percentage | | | |
| Total State Funds F | Requested (from que | stion #6) | | 374,000 | 57% | | | |
| Matching Funds | | | | | | | | |
| Federal | | | | 55,000 | 8% | | | |
| , | e amount of this requ | est) | | 0 | 0% | | | |
| Local | | | | 60,000 | 9% | | | |
| Other | | | | 175,000 | 26% | | | |
| Total Project Cost | s for Fiscal Year 20 | 22-2023 | | 664,000 | 100% | | | |
| 8. Has this project pr | eviously received | state funding? | Yes | | | | | |
| Fiscal Year | Amount | | Specific | | Vetoed | | | |
| (уууу-уу) | Recurring | Nonrecurring | | priation # | | | | |
| 2021-22 | 0 | 250,00 | 0 | 567A | No | | | |
| O la futura fundina li | kalu ta ha raguasta | .do | Vaa | | | | | |
| 9. Is future funding li | | | Yes | | | | | |
| a. If yes, indicate r | nonrecurring amou | nt per year. | 374,000 | | | | | |
| b. Describe the so | urce of funding tha | t can be used in | lieu of sta | ate funding. | | | | |
| Private Fundraisin | g efforts with Local a | nd Federal govern | nment grai | nts. | | | | |
| 10. Has the entity red | nuestina this projec | t received any fo | deral acc | istance relat | ted to the COVID-1 | 19 nandemic? | | |
| Yes | questing tills projet | c received any le | weiai ass | istailet i Eldi | ed to the COVID- | 19 panuenne : | | |
| If ves. indicate the | e amount of funds i | eceived and wha | t the fund | ls were used | l for. | | | |



LFIR # 1407

\$262,500, Which was put towards programmatic expenses such as food and housing for veterans, in addition to covering salaries of center employees as required per CARES Funding.

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

| Spending Category | Description | Amount | | | | | |
|---|--|---------|--|--|--|--|--|
| Administrative Costs: | | | | | | | |
| Executive Director/Project Head Salary and Benefits | N/A | 0 | | | | | |
| Other Salary and Benefits | N/A | 0 | | | | | |
| 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 | N/A | 0 | | | | | |
| 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 | N/A | 0 | | | | | |
| Fixed Capital Construction/Majo | r Renovation: | | | | | | |
| Construction/Renovation/Land/ Planning Engineering | N/A | 0 | | | | | |
| 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 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 to help with re-integration to civilian life.

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?

- •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.
- •Administer random urine drug screens to residents.
- •On-site Job Assistance: Access to computer lab, Resume interview support.
- •On-site Behavioral Health Services.
- •Transportation Support.
- •Housing/Meal Support:

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



LFIR # 1407

Veterans with poor mental and physical health, Jobless veterans, Economically disadvantaged Veterans, Formerly incarcerated veterans and drug offenders. The program is expected to serve 800 individuals.

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 to date is a 86% successful reintegration. 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 the contract?

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

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.

Non-Profit 501(c)(3)



LFIR # 1407

| 14. | Requestor Contact | intormat | ion | | | | | | | |
|-----|----------------------------------|-------------------------------------|-------|-----------|--------------------------------|----|--|--|--|--|
| | a. First Name | Francis | | Last Name | Loving, Colonel USM Retired | C, | | | | |
| | b. Organization | Five Star Veterans Center | | | | | | | | |
| | c. E-mail Address | Len.Loving@5starveteranscenter.org | | | | | | | | |
| | d. Phone Number | (904)723 | | | | | | | | |
| 15. | Recipient Contact | Informatio | on | | | | | | | |
| | a. Organization | Five Star Veterans Center | | | | | | | | |
| | b. Municipality and | d County | Duval | | | | | | | |
| | c. Organization Type | | | | | | | | | |
| | □For Profit Entity | <i>I</i> | | | | | | | | |
| | ☑Non Profit 501(c | c)(3) | | | | | | | | |
| | □Non Profit 501(c | :)(4) | | | | | | | | |
| | □Local Entity | | | | | | | | | |
| | □University or Co | llege | | | | | | | | |
| | □Other (please specify) | | | | | | | | | |
| | d. First Name | Suzanne | | Last Name | Loving | | | | | |
| | e. E-mail Address | suzie.loving@5starveterancenter.org | | | | | | | | |
| | f. Phone Number | | | | | | | | | |
| 16. | 16. Lobbyist Contact Information | | | | | | | | | |
| | a. Name | Davis Bean | | | | | | | | |
| | b. Firm Name | The Fiorentino Group | | | | | | | | |
| | c. E-mail Address | davis@thefiorentinogroup.com | | | | | | | | |
| | d. Phone Number | (904)358-2757 | | | | | | | | |