



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1489

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

Operation New Life is designed to address homelessness of recently incarcerated citizens. Stable housing and employment are key factors to reducing recidivism. The Florida Department of Corrections instituted training programs that assist with the transition to employment. However, many justice involved individuals struggle to remain employed due to the lack of housing. This program would provide transitional housing for homeless, released inmates who are employed. In the Operation New Life program, clients will receive weekly group counseling to address the offender mindset and training in personal financial management. Clients will also pay a weekly fee that will be held in a savings account to prepare for the costs associated with permanent housing. The stable housing, counseling, training, and personal savings provide the needed to components toward permanent housing.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	160,000
Fixed Capital Outlay	240,000
Total State Funds Requested	400,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	400,000	100%

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.

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



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No

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

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	Counselor (10,000) Facility Manager (50,000) Maintenance Manager (25,000) Program Manager (35,000) Preapprenticeship Training Instructor (50,000)	160,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Purchase 4 three-bedroom mobile homes.	240,000
Total State Funds Requested (must equal total from question #6)		400,000

12. Program Performance

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

The goal of Operation New Life is to create a transitional housing program for released inmates thus addressing recidivism related to homelessness. The program will also offer construction training to clients who did not receive training while incarcerated. Once stabilized with employment and housing, the program will provide a pathway to work toward permanent housing.

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

The intended purpose of these funds is to reduce recidivism by providing a pathway from homelessness to permanent housing. The program will purchase four furnished 3-bedroom mobile homes to house up to 6 clients per home. The following positions will be staffed to support the program: Counselor, Facility Manager, Maintenance Manager, Program Manager, Instructor. Eligible clients will be qualified for homeless program support through the Homeless Services Network of Central Florida. Finally, eligible clients will be enrolled in Operation New Life's direct support services.

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

Released individuals capable of maintaining competitive employment, who are homeless, may apply to receive services from Operation New Life and the Homeless Services Network of Central Florida. The following services will be provided directly to the clients: 1.Placement in transitional housing. 2. Support services to address employment barriers or personal challenges. 3.Weekly counseling sessions to address the offender mindset. 4. Personal financial management training 5. Career training

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



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The target population are released offenders who have access to competitive employment and are homeless. Operation New Life will provide housing to 24 individuals for up to one year. The program would reach 120 clients over the first five years.

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

The ultimate goal of the program is to reduce recidivism. Two measures will be used to determine the effectiveness of the program: Percentage of clients that transition to permanent housing, Percentage of clients who are not re-arrested after the first year upon 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?

Economic Network Solutions will contract with the FLDOE to determine a list of deliverables including withholding of funds as necessary.

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.

The capital outlay will be utilized to purchase mobile homes operated by Operation New Life.



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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