

LFIR # 1866

. Project Title	SafeZone Nassa	au			
. Senate Sponsor	Aaron Bean				
. Date of Request	12/04/2021				
. Project/Program De	escription				
availability of resour homelessness. The	ces for individuals of funds will be used to ytime drop-in cente	experiencing homel to assist in the cons or for individuals to r	County's first permane essness or living below struction of a facility the eceive stop-gap and ent.	w the poverty level a at will create a temp	
. State Agency to red	ceive requested fu	inds Departm	ent of Economic Oppo	ortunity	
State Agency conta	acted? No				
. Amount of the Noni	recurrina Reauest	for Fiscal Year 20	22-2023		
Type of Funding	3 34		Amo	unt	
Operations			Allo	0	
Fixed Capital Outlay	/		38,000		
Total State Funds I			38,000		
I voe of Funding			Amount	Percentage	
Type of Funding Total State Funds R	equested (from que	estion #6)	Amount 38 000	Percentage	
Total State Funds R Matching Funds	equested (from que	estion #6)	Amount 38,000	Percentage 24%	
Total State Funds R	equested (from que	estion #6)			
Total State Funds R Matching Funds			38,000	24%	
Total State Funds R Matching Funds Federal State (excluding the Local			38,000 0 0 9,000	24% 0% 0% 6%	
Total State Funds R Matching Funds Federal State (excluding the			38,000	24% 0% 0% 6% 70%	
Total State Funds R Matching Funds Federal State (excluding the Local	amount of this requ	uest)	38,000 0 0 9,000	24% 0% 0% 6%	
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Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	amount of this request for Fiscal Year 20 eviously received	uest) 022-2023	38,000 0 9,000 110,000 157,000 No Specific	24% 0% 0% 6% 70%	
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Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (yyyy-yy) Is future funding like a. If yes, indicate n	amount of this requested amount of this reques	state funding? Ount Nonrecurring ed? Int per year.	38,000 0 9,000 110,000 157,000 No Specific Appropriation #	24% 0% 0% 6% 70%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (yyyy-yy) Is future funding like a. If yes, indicate n	amount of this requested amount of this reques	state funding? Ount Nonrecurring ed? Int per year.	38,000 0 9,000 110,000 157,000 No Specific Appropriation #	24% 0% 0% 6% 70%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (yyyy-yy) Is future funding like a. If yes, indicate n	amount of this requested amount of this reques	state funding? Ount Nonrecurring ed? Int per year.	38,000 0 9,000 110,000 157,000 No Specific Appropriation #	24% 0% 0% 6% 70%	
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (yyyy-yy) Is future funding like a. If yes, indicate n b. Describe the sou	amount of this requested to be	state funding? ount Nonrecurring ed? int per year. at can be used in I	38,000 0 9,000 110,000 157,000 No Specific Appropriation #	24% 0% 6% 70% 100%	



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

\$18,000 in COVID-19 funds, including \$9,000 to expand the current daytime drop-in services on Amelia Island and outreach into Nassau County's west side.

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/Majo	r Renovation:					
Construction/Renovation/Land/ Planning Engineering	Funding will be used for completion of primarily external facade, foundation, and asphalt parking lot for the facility.	38,000				
Total State Funds Requested (must equal total from question #6) 38,0						

12. Program Performance

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

The establishment of a permanent daytime drop-in center to provide services to western Nassau County. Funds requested will assist in the completion of the SafeZone, which has largely been funded via private, foundation, and corporate sponsorships. There is a written commitment to provide \$100,000 per year, for 5 years, towards the operation of the Westside Daytime Drop-in Center and Safe Zone.

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

Funding will enable the procurement of necessary construction materials and expertise in order to complete construction. Further, there will be public forums to ensure the public can engage and provide input prior to beginning construction.

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

With the operation of a daytime drop-in center, the following critical services will be provided:

Respite from extreme heat in the summer, assistance acquiring vocational rehabilitation, connection to direct services for financial assistance, driver's license and ID replacement, a fixed mailing address, a place to have wash/laundry completed, social service evaluation via as to be yet determined partnership with local organization, resume design, and job interview training.

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

Based on previous surveys and attendance figures that as much as 2% of individuals in Nassau County are able to benefit from the services offered by the Coalition for the Homeless.

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 center expects to reach constituencies at the location in Yulee and west that previously didn't have the ability to receive services at a temporary daytime drop-in center on Amelia Island. Measures will be made of daily constituents services and record additional individuals who hadn't previously received services.

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 return of state funding. Standard contract penalties are sufficient.

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 Coalition for the Homeless of Nassau County, Inc.



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14.	Requestor Contact	t Informat	ion					
	a. First Name	Carlene		Last Name	McDuffie			
	b. Organization	Coalition for the Homeless of Nassau County						
	c. E-mail Address	chnassau@gmail.com						
	d. Phone Number	(904)753-1522 Ext.						
15.	15. Recipient Contact Information							
	a. Organization	Coalition for the Homeless of Nassau County Inc.						
	b. Municipality and	d County	Nassau					
	c. Organization Ty	on Type						
	□For Profit Entity							
	☑Non Profit 501(c	(c)(3)						
	□Non Profit 501(c	(c)(4)						
	□Local Entity							
	□University or College							
	□Other (please specify)							
	d. First Name	Carlene		Last Name	McDuffie			
	e. E-mail Address	chnassau@gmail.com						
	f. Phone Number							
16. Lobbyist Contact Information								
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address							
	d. Phone Number							