



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2194

1. Project Title

TGHI - Community "Passport" to Improved Mental, Physical and Behavioral Health

2. Senate Sponsor

Shevrin Jones

3. Date of Request

01/11/2022

4. Project/Program Description

TGHI's PASSPORT MODEL helps to maximize participants' quality of life promoting healthy living, self-sufficiency & skills training to ensure long-term success. We develop an individualized plan incorporating on-site & home related services & activities: Assessment/Prioritization of Need; Targeted Care Coordination Services; Individual/Group Sessions; Advocacy/Empowerment; Education on Topics Related to Mental, Physical & Behavioral Health - all which impact ability for housing and stabilization

5. State Agency to receive requested funds

Department of Health

State Agency contacted?

No

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

Type of Funding	Amount
Operations	695,246
Fixed Capital Outlay	210,000
Total State Funds Requested	905,246

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)	905,246	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	905,246	100%

8. Has this project previously received state funding?

No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

No

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?**

No



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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	Funding award will occupy 25% of the project head's salary/benefits. \$35 hr x 2,080 (40 hr per week for 52 weeks) = \$72,800 - 25% of \$72,800 = \$18,200 Reduced Benefit Package, FICA/MICA 5.5% of full salary = \$2,730	20,930
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Travel expenses, Supplies and Material for this project/head consist of one behavioral health conference to Orlando (4 nights) within the year and travel to Tallahassee (4 nights) for meetings with partner agencies and best practices for services Statewide. \$96 per night lodging and \$55 per day meals/incidentals; mileage/travel of \$200 per trip (x2 trips) totaling 8 nights x \$96/\$55 +\$400 = 1,608	1,608
Consultants/Contracted Services/Study	One (1) behavioral and one (1) mental health consultant for review or program efficacy = \$50 per hour x 8 hours per day x 3 days per quarter each = *Behavioral; \$50 x 8 hours x 12 days annually = \$4,800 / * Mental; \$50 x 8 hours x 12 days annually = \$4,800	9,600
Operational Costs: Other		
Salary and Benefits	Funding award will occupy 100% of 3 full time staff (1 behavioral /1 mental health & 1 physical health professional(s)) 40 hours per week x 52 weeks (2,080 hours ann.) = \$27.50 per hour x 3 positions x 2,080 hours each @ \$57,200 x 3 positions Funding 25% of one compliance position @ \$35.00 per hour x 40 hours weekly x 52 weeks Reduced Benefit Package, FICA/MICA 5.5% of full salary = \$2,730	189,900
Expense/Equipment/Travel/Supplies/Other	Travel expenses, Supplies and Material for 1 employee consisting of one behavioral health conference to Orlando (4 nights) within the year and travel to Tallahassee (4 nights) for meetings & best practices for services Statewide. \$96 per night lodging and \$55 per day meals/incidentals; mileage/travel of \$200 per trip (x2 trips) total 8 nights x \$96/\$55 +\$400 Client cost @ 86 families x \$5,000	431,608
Consultants/Contracted Services/Study	Construction and Development Consultant (1) for agency project management and consultation during the development of this project. Scope of services include bid/selection of construction management, zoning, applications and communication with Miami Dade County and City of Miami for maximizing resources.1 contracted agent x \$50 per hour x 16 hours per week x 52 weeks	41,600
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Our agency has acquired 20,000 square feet of property in the heart of the Coconut Grove community within Miami-Dade & we seek to rehab and repair 9 apartment units and structural costs to make them part of this health and living program. Repair of 9 units x \$15,000 per unit plus costs for roof (\$30k), wiring (\$20k), construction (\$20k), soft and planning, zoning and permitting are factored herein (\$5k).	210,000
Total State Funds Requested (must equal total from question #6)		905,246

12. Program Performance

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



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

TGHIs Passport Program is a roadmap of 60 tasks and workshops designed to develop organized and proactive behaviors, find health and living solutions, and create a path to health & stability.

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

Our Passport Model helps to maximize participants' quality of life promoting healthy living, self-sufficiency & job skills training to ensure long term success. We develop an individualized plan incorporating on-site & home related services & activities: Assessment/Prioritization of Need; Targeted Care Coordination Services; Individual/Group Sessions; Advocacy/Empowerment; Family Stabilization.

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

Elderly persons, persons with disabilities, persons with poor physical health, jobless persons, economically disadvantaged persons, and at risk youth.

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

N/A

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?

Awardee will reimburse state funding for non-performance of contract for failing to meet any deliverable.

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).



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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