

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

Re-Entry Alliance Pensacola, Inc. - Santa Rosa Re-Entry Portal

LFIR # 2203

2.	Senate Sponsor	Doug Broxson						
3.	Date of Request	01/13/2022						
4.	Project/Program Des	scription						
	Continuation of fundi services, including ho returning to Santa Ro	ousing, case manag	County Re-Er gement, regist	ntry P ration	ortal, pro , and job	viding a com assistance f	plete program of tr for recently release	ansitional re-entred d men and wome
5.	State Agency to rece	eive requested fu	nds Dep	artme	ent of Co	rrections		
	State Agency contac	ted? Yes						
6.	Amount of the Nonre	ecurring Request	for Fiscal Yea	ar 202	22-2023			
	Type of Funding					Amoi	unt	
	Operations						100,000	
	Fixed Capital Outlay						0	
	Total State Funds R	equested					100,000	
7	Total Project Cost fo	r Fiscal Year 202	2-2023 (includ	lina r	natchine	ı funde avai	lable for this proje	ect)
•	Type of Funding	1 1 1 1 3 Gui 1 Gui 2 G 2 1	2020 (1110140	9 .	Amo		Percentage]
	Total State Funds Re	guested (from gue	stion #6)		Aino	100,000	50%	
	Matching Funds					100,000	0070	
	Federal					0	0%	
		State (excluding the amount of this request)				0	0%	
	Local		•			100,000	50%	
	Other					0	0%	
	Total Project Costs	for Fiscal Year 20	22-2023			200,000	100%	
8	Has this project prev	viously received s	state funding	>	Yes			
•		-				1,61		1
	Fiscal Year (yyyy-yy)	Amo Recurring	Nonrecurri	na	Specific Appropriation #		Vetoed	
	2021-22	0	Trom Godin	0			No	
_	In Contains Consults of Plan		10		V			'
9.	Is future funding like	ely to be requeste	ea?		Yes			1
	a. If yes, indicate no	nrecurring amou	nt per year.		100,000			
	b. Describe the sour	rce of funding tha	t can be used	l in li	eu of sta	te funding.		
	Local foundations, p funds.	rivate individual su	pport, faith-ba	sed o	rganizati	ons and in-k	ind matching	
10). Has the entity requ	esting this projec	t received an	y fed	eral ass	istance rela	ted to the COVID-	19 pandemic?
	Yes							
	If yes, indicate the a	amount of funds r	eceived and	what	the fund	ls were used	d for.	



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Emergency Shelter fundir	g and Rapid Rehousing funding YTD \$154,718.39.	
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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	Salary for Santa Rosa County Program Director including wages, salary and benefits.	67,000			
Expense/Equipment/Travel/Supplies/ Other	Office Rent, Insurance, Utilities, Office Supplies	33,000			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (m	ust equal total from question #6)	100,000			

12. Program Performance

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

To continue the funding of a re-entry portal primarily servicing Santa Rosa, Okaloosa, and Walton counties. The comprehensive re-entry program serves men and women returning locally following state incarceration. The Santa Rosa County Re-Entry Portal resources include housing, transportation, case management, and substance abuse counseling, as indicated, while serving approximately 500 recently released men and women.

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

Completion of an intake needs assessment, development of the individualized re-entry plan, transportation to SRSO for initial registration and to the local probation office, assistance in obtaining identification, supportive housing placement, job referral, and assistance with clothing and tools.

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

Intake, REAP registration, case management services to include needs assessment and development of individualized re-entry plan, transportation to registration with the sheriff's department and probation office, cost of required identification card, payment of copay for prescribed drugs, emergency supplies including clothing, hygiene items and food, bedding supplies, supportive housing, transportation, and additional supportive assistance as needed.

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

Men and women returning to Northwest Florida from state prisons. An estimated 500 individuals will require some type of re-entry services and an estimated 100 individuals will need supportive housing per year..

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

Adequately funded community-based re-entry programs will result in a substantial reduction in the typical rate of recidivism. REAP maintains intake and termination records on all clients for a period of three years from date of intake and regularly uses reports from local law enforcement agencies, FDOC, FDLE for follow up after termination of services.



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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?

Typical contracts with FDOC provide for monetary penalties for failure to timely submit reports or for failing to meet identified performance objectives regarding completion of the program and rate of recidivism.

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.	

No		
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14.	14. Requestor Contact Information							
	a. First Name	Vince		Last Name	Whibbs			
	b. Organization	Re-Entry Alliance Pensacola, Inc.						
	c. E-mail Address	vincewhil	vincewhibbs@gmail.com					
	d. Phone Number	(850)324	(850)324-6667 Ext.					
15.	Recipient Contact	Informatio	on					
	a. Organization	Re-Entry	Alliance Pensac	ola, Inc.				
	b. Municipality and	l County	Santa Rosa					
	c. Organization Ty	ре						
	□For Profit Entity							
	☑Non Profit 501(c	Profit 501(c)(3)						
	□Non Profit 501(c)(4)							
	□Local Entity							
	□University or College							
	□Other (please specify)							
	d. First Name	Vince		Last Name	Whibbs			
	e. E-mail Address	vincewhibbs@gmail.com						
	f. Phone Number							
16.	16. Lobbyist Contact Information							
	a. Name	Wansley	Walters					
	b. Firm Name	Ballard Partners						
	c. E-mail Address	wansley@ballardpartners.com						
	d. Phone Number	(850)577-0444						