

LFIR # 2795

Project Title	Fort Lauderdale	Rapid Rehousing	I		
Senate Sponsor	Shevrin Jones				
Date of Request	02/01/2022				
Project/Program De	escription				
The program assist in city. It will also protemporary hotel stay	ovide for move-in as	stable housing ar sistance, step do	nd reduces the number own rental assistance, u	of homeless individualitility deposit, securi	luals and familie ty deposit, and
State Agency to red	ceive requested fu	nds Depart	ment of Economic Opp	ortunity	
State Agency conta	cted? No				
Amount of the Noni	ecurring Request	for Fiscal Year 2	2022-2023		
		10. 1 1000. 100. 2]
Type of Funding Operations			Amo	200,000	
Fixed Capital Outlay	,				
Total State Funds I				200,000	
					1
Total Project Cost f	or Fiscal Year 202	2-2023 (including	g matching funds ava	ilable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds R	equested (from que	stion #6)	200,000	50%	
Matching Funds			T		
Federal			0	0%	
State (excluding the amount of this request)		iest)	0	0%	
Local			200,000	50%	
Other			0	0%	
Total Project Costs	for Fiscal Year 20	22-2023	400,000	100%	
Has this project pro	eviously received s	state funding?	No		
Fiscal Year	Amount		Specific	Vetoed	
(yyyy-yy)	Recurring	Nonrecurring	Appropriation #		
	_				
					I
Is future funding like	cely to be requeste	ıd?	No		
a. If yes, indicate n	onrecurring amou	nt per year.			
h Describe the sou	irce of funding the	at can be used in	lieu of state funding.		
b. Describe the 500	aros or runnumy ma	- Can be used III	i nea or state funding.	•	1
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). Has the entity reg	uestina this projec	t received any f	ederal assistance rela	ated to the COVID-	19 pandemic?
	acoming time project				. · · · · · · · · · · · · · · · · · · ·
Yes					
If yes, indicate the	amount of funds r	eceived and wh	at the funds were use	d for.	



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The City of Fort Lauderdale was allocated \$13.1 million.

- \$2.1 million for small businesses.
- \$1.6 million for residential assistance.
- \$9.1 million to offset actual expenses like PPE, family sick-time, FMLA testing site expenses, public safety payroll.

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	Transitioning individuals from temporary opportunities to more permanent and sustainable housing, while working with collaborative partnerships.	200,000	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering		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?

Assist individuals experiencing homelessness primarily due to economic factors and need little assistance beyond housing. Rapid Rehousing gets families/individuals off the streets and nationally has a success rate of up to 85%.

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

Short-term or medium-term rental assistance, including utility deposit assistance, and appropriate support services with case management to help homeless individuals/families achieve stability and self-sufficiency.

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

Short-term or medium-term rental assistance, including utility deposit assistance, and appropriate support services with case management.

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

25-50 homeless individuals and/or families are expected to be served.

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

Enhance and achieve self-sufficient stable housing through ongoing case management for clients served annually as well as regular assessments to determine level of self-sufficiency and progress toward achieving stable housing.

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?



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Failure to meet deliverables or	performance measures will result in reduction or loss of funding.

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.

N/A		
NI/Δ		
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14.	14. Requestor Contact Information							
	a. First Name	Daphnee		Last Name	Sainvil			
	b. Organization	City of Fo						
	c. E-mail Address	dsainvil@fortlauderdale.gov						
	d. Phone Number	(964)299-7806 Ext.						
15.	15. Recipient Contact Information							
	a. Organization	City of Fort Lauderdale						
	b. Municipality and County Broward							
	c. Organization Type							
	□For Profit Entity							
	□Non Profit 501(c	□Non Profit 501(c)(3)						
	□Non Profit 501(c	□Non Profit 501(c)(4)						
	☑Local Entity							
	□University or College							
	□Other (please specify)							
	d. First Name	Angela		Last Name	Blaine			
	e. E-mail Address	Ablaine@fortlauderdale.gov						
	f. Phone Number	(954)299-6657						
16.	16. Lobbyist Contact Information							
	a. Name	Candice D. Ericks						
	b. Firm Name	Ericks Consultants Inc						
	c. E-mail Address	candice.ericks@gmail.com						
	d. Phone Number	(954)648-1204						