

1. Project Title

2. Senate Sponsor

Jason Brodeur

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

Central Florida Regional Emergency Homeless Shelter Project

LFIR # 1061

3.	Date of Request	09/25/2023								
4.	Project/Program D	escription								
	Project serves the unindividuals experien	underserved citizens ucing homelessness out our impact is regi	of Florida. while provid	The goa	Is are to provide stat	oility, safety, and sur using. We are the or	ency Homeless Shelter oport for families and lly emergency shelter in Osceola, Lake,			
5.	State Agency to re	ceive requested fu	ınds 🛚 🗈	Departme	ent of Children and F	amilies				
	State Agency conta	acted? No								
6.	Amount of the Non	recurring Request	for Fiscal	Year 202	24-2025					
	Type of Funding				Amo	ount				
	Operations				500,000					
	Fixed Capital Outlay				0					
	Total State Funds	Requested			500,000					
7.	Total Project Cost	for Fiscal Year 202	4-2025 (inc	luding r	matching funds ava	ilable for this proje	ect)			
	Type of Funding				Amount	Percentage				
	Total State Funds R	Requested (from que	estion #6)		500,000	33%				
	Matching Funds									
	Federal				0	0%				
	State (excluding the amount of this request)				0	0%				
	Local				0	0%				
	Other				1,000,000	67%				
	Total Project Costs for Fiscal Year 2024-2025					40001				
	Total Project Cost	s for Fiscal Year 20	024-2025		1,500,000	100%				
8.	Total Project Cost: Has this project pr			ng?	1,500,000 No	100%				
8.	_	eviously received		ng?	No Specific	Vetoed				
8.	Has this project pr	eviously received	state fundi		No					

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

Rescue Outreach Mission actively seeks funding from Family and Corporate Foundations, as well as individual ongoing donations.

Yes

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.

Yes

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11. Status of Construction

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

Rescue Outreach Mission received \$2.85 million as part of the American Rescue Plan Act. These funds will expire in December 2024 and are being used for Project on this request.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

;	a. What is the cui	rrent phase of the	ne project?						
	Planning	O Design	Construction	O N/A					
	b. Is the project "	shovel ready" (i.e permitted)?		No				
	c. What is the est	imated start da	te of construction?						
(d. What is the est	timated complet	tion date of construct	tion?					
12.	List the owners relationship bet	of the facility to ween the owner	o receive, directly or i	ndirectly he entity	, any fixed	capital c	outlay fund	ding. Include	the

13. Details on how the requested state funds will be expended

Spending Category	Amount			
Administrative Costs:				
Executive Director/Project Head Salary and Benefits				
Other Salary and Benefits	40,000			
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits	Salaries and Benefits for Case Managers (4 FTE) and Shelter Specialists (2 FTE).	270,000		
Expense/Equipment/Travel/Supplies/ Other	Secure hardware and software for project (including upgraded servers and job training modules for citizens), Continuum of Care training for case managers, additional security, repair and maintenance for project environment.	116,000		
Consultants/Contracted Services/Study	Human Resources Consultant (\$4,000) and Marketing Consulting Services (\$20,000).	24,000		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (m	ust equal total from question #6)	500,000		

14. Program Performance

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



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Homeless Services Network of Central Florida "Point-In-Time (PIT) Count Numbers" in January 2023 indicate year-over-year trend to increased homelessness in Central Florida. Central Florida is tied for the 2nd worst metropolitan area (compared to others Nationwide). This means there are only 18 units for every 100 households. As Rescue Outreach Mission of Central Florida's primary program, Central Florida Regional Emergency Homeless Shelter Project serves the underserved citizens of Florida. The goals are to provide stability, safety, and support for families and individuals experiencing homelessness while providing a path to permanent housing. We are the only emergency shelter in Seminole County, but our impact is regional, serving citizens from other counties, including Orange, Osceola, Lake, Brevard, and Volusia.

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

Case Management within 72 hours of guest arrival, procure food for each guest for three meals/day, staff facility for 24-hour operation, facilitate resource fairs each Tuesday, provide access to medical and occupational resources, budget and financial training. ROM is able to serve over 600 citizens a year with a budget of only \$1.2 million.

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

Citizens will receive three meals/day while at the shelter, a dedicated bed (or room for a family) in a safe and clean environment, computer and internet access for job and housing searches, showers, personal hygene items, clothing, access to job resources/fairs, transporation to medical appoiintments as needed, medical evaluations, medical devices (walkers), access to medical providers/medicine.

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

The project will serve between 401-800 citizens annually. The target population includes individuals and families experiencing homelessness, including elderly persons, persons with poor mental and/or physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, developmentally and/or physically disabled, students (preschool through college or university), currently or formerly incarcerated persons and victims of crime.

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

The expected benefits are to improve physical and mental health, to increase or improve economic activity and to enhance specific individual's economic self sufficiency. Target stay is 45 days or less. This is tracked internally and within the Homeless Management Information System (HMIS) that is shared by the entire Continuum of Care within Central Florida, enabling us to monitor an individual's participation and journey. Target for case management services is within 72 hours of arrival and ongoing with weekly support for each citizen. Internal systems will track for timeliness and outliers. Individuals self sufficiency can be tracked internally and by utilizing the Homeless Management Information System, which can track an individuals return to homelessness over a period of time. In 2022 ROM was successfully able to assist 200 citizens find permanent 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?

Return unused funds if unable to perform duties as presented.

15. Requester Contact	t Informati	on					
a. First Name	Chris	Ham					
b. Organization	Rescue Outreach Mission of Central Florida, Inc.						
c. E-mail Address	chris.ham@romcfl.org						
d. Phone Number	r (407)321-8224 Ext. 106						
16. Recipient Contact Information							
a. Organization	Rescue Outreach Mission of Central Florida, Inc.						
b. Municipality and	b. Municipality and County Seminole						



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c. Organization Ty	c. Organization Type								
□For Profit Entity	□For Profit Entity								
☑Non Profit 501(d	☑Non Profit 501(c)(3)								
□Non Profit 501(d	□Non Profit 501(c)(4)								
□Local Entity	□Local Entity								
□University or Co	□University or College								
□Other (please sp	□Other (please specify)								
d. First Name	d. First Name Chris Last Name Ham								
e. E-mail Address	e. E-mail Address chris.ham@romcfl.org								
f. Phone Number	f. Phone Number (407)321-8224								
17. Lobbyist Contact Information									
a. Name	None								
b. Firm Name									
c. E-mail Address									
d. Phone Number									