

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

**LFIR # 1195** 

1. Project Title	RE-ENTRY ALLIANCE Escambia County	PENSACOLA, INC. RE-ENTRY PORTAL -
2. Senate Sponsor	Doug Broxson	
3. Date of Request	10/24/2023	
4. Project/Program	Description	
	ı housing, case managemén	Re-Entry Portal, providing a complete program of transitional re-entry t, registration, and job assistance for recently released men and women
5. State Agency to r	eceive requested funds	Department of Corrections
State Agency con	tacted? Yes	
6. Amount of the No	nrecurring Request for Fis	scal Year 2024-2025

Type of Funding Amount
Operations

Operations 500,000
Fixed Capital Outlay 0
Total State Funds Requested 500,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	56%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	400,000	44%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	900,000	100%

8. Has this project previously received state funding?

Yes

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2022-23	0	500,000		No	

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9.	Is	future	funding	likely to	be rec	uested?

Yes

a. If yes, indicate nonrecurring amount per year.

500,000

b. Describe the source of funding that can be used in lieu of state funding.

Local foundations, private individual support, faith-based organizations, programmatic funding, and in-kind donations

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11. Status of Construction

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

**LFIR # 1195** 

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

Received funding from the City of Pensacola for homeless operations not related to the Reentry Operations. We received \$200,000 for Womens Emergency Shelter, \$149,000 for motels for homeless individuals and \$348,000 for the Maxwell-Respite Homeless Shelter.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

	a. What is the cu	rrent phase of t	he project?						
	Planning	O Design	Construction	O N/A					
	b. Is the project "	'shovel ready" (	i.e permitted)?		No				
	c. What is the est	timated start da	te of construction?						
	d. What is the es	timated comple	tion date of construc	tion?					
12	. List the owners relationship bet	of the facility to ween the owne	o receive, directly or rs of the facility and	indirectly the entity	y, any fixed '.	l capital o	outlay fund	ding. Include the	

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director salary and benefits.	72,250
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salaries for 6 positions: Director of Housing and Employer Relations; Men's Case Manager; Women's Case Manager; Transportation Director; Office Manager; (new: Certified Addiction Specialist)	323,000
Expense/Equipment/Travel/Supplies/ Other	Rent of \$1,500 per month; Utilities of \$600 per month; Vehicle expense of \$350 per month; Furniture and fixture expense covers beds, dresser, appliances mattresses, linens and bedding for an entire year	86,750
Consultants/Contracted Services/Study	Client support includes identification, birth certificates, driver's licenses, prescription co-pays; clothing for work; transportation expense; insurance expense; emergency food and clothing	18,000
Fixed Capital Construction/Majo		
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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To continue the funding of a re-entry portal primarily serving Escambia County with a comprehensive re-entry program for men and women including housing, transportation, case management, substance abuse counseling, and job assistance, serving approximately 500 recently released men and women.

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

Complete intake, needs assessment, development of an individualized re-entry plan, registration assistance with sheriff and probation officers, identification assistance, supportive housing, job referral and employment assistance, assistance with clothing and required tools.

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

Intake registration, needs assessment, development of an individualized re-entry plan, registration with sheriff and probation officers, obtaining ID cards and driver's licenses, payment of co-pay for prescribed medication, clothing, hygiene items, bedding supplies, supportive housing, case management, and transportation assistance including bus passes and private vehicle driver.

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 services, including 75-100 needing supportive housing.

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 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 and FDLE for follow-up and update after termination of 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?

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

15.	. Requester Contact	t Informati	ion	_	
	a. First Name	Vince		Last Name	Whibbs, Jr.
	b. Organization	Re-Entry	Alliance Pensac	ola, Inc.	
	c. E-mail Address	vincewhil	obs@gmail.com		
	d. Phone Number	(850)324	-6667	Ext.	
16.	. Recipient Contact	Information	on		
	a. Organization Re-Entry Alliance Pensacola, Inc.				
b. Municipality and County Escambia					
	c. Organization Ty	pe			
	□For Profit Entity				
	☑Non Profit 501(c)(3)				
	□Non Profit 501(d	c)(4)			
	□Local Entity				



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University or Co	University or College					
□Other (please specify)						
d. First Name	Vince	Last Name	Whibbs, Jr.			
e. E-mail Address	vincewhibbs@gmail.com					
f. Phone Number	one Number (850)324-6667					
17. Lobbyist Contact I	nformation					
a. Name	None					
b. Firm Name						
c. E-mail Address						
d. Phone Number						