

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

LFIR # 1715

1. Project Title	Citrus Health Network- Housing Deposit Assistance for Youth and Families				
2. Senate Sponsor	Bryan Avila				
3. Date of Request	11/07/2023				
4. Project/Program De	scription				
determined by the U. apartments in Miami-expensive markets in The funds being requiparenting youth who factor in: the imminer child or children to the whom costs of deposes. 5. State Agency to recustory state Agency contacts.	nested will be utilized to provide a are raising their own children, as not placement of the family's child be family from out-of-home care. The sits are a barrier to obtaining hous beive requested funds	ban Development for ren 3%-46% from 2022 to 202 ssistance for security dep well as families for whome or children in out-of-home he goal is to improve hou ing, and in turn, preventin artment of Children and F	tal assistance progra 23, in what was alrea cosits for former foste the lack of adequate care, or the delay in using stability for the ng children from bein	ams. Average rents for ady one of the most er youth, including e housing is a primary the discharge of the above populations for	
Type of Funding		Amo	ount		
Operations			500,000		
Fixed Capital Outlay			0		
Total State Funds Requested			500,000		
7. Total Project Cost fo	or Fiscal Year 2024-2025 (includ	ling matching funds ava	nilable for this proje	ect)	
Type of Funding		Amount	Percentage		

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	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 2024-2025	500,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amount		Specific	Vetoed	
(yyyy-yy)	Recurring	Nonrecurring	Appropriation #		
2023-24	0	250,000	315	No	

9. Is future funding likely to be requested?

Yes

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.

There are no alternative funds currently available that can be used in lieu of state funding for deposit assistance because the target populations are not eligible for assistance through other sources. Citrus would have to seek private funds for this purpose.



Yes

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

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

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Federally Qualified Health Center programs and services ranging from	ederal assistance related to the COVID-19 pandemic. As a and Community Mental Health Center, Citrus has a variety of om inpatient, residential, crisis stabilization and outpatient care alth conditions. Federal assistance funds were used to cover	
	nd 12 for Fixed Capital Outlay Projects	
. Status of Construction		
a. What is the current phase of t	he project?	
Planning Design	O Construction N/A	
b. Is the project "shovel ready" ((i.e permitted)?	
c. What is the estimated start da	te of construction?	
d. What is the estimated comple	tion date of construction?	
. Details on how the requested st		
Spending Category	Description	Amount
Administrative Costs: Executive Director/Project Head	T T	
Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/ Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/ Other	The funds will be utilized to provide security deposit assistance for former foster youth and families for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child/children in out-of-home care, or the delay in the discharge of the child/children to the family from out-of-home care. Funds will be paid directly to the landlord.	500,00
Consultants/Contracted Services/Study		
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		
	ust equal total from question #6)	500,00



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14. Program Performance

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

The funds being requested will be utilized to provide assistance for security deposits for former foster youth as well as families for whom the lack of adequate housing is a primary factor in: the imminent placement of the family's child or children in out-of-home care, or the delay in the discharge of the child or children to the family from out-of-home care. The goal is to improve housing stability for the above populations for whom costs of deposits are a barrier to obtaining housing.

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

Funds will be utilized to provide deposit assistance for youth and families who meet eligibility criteria for the Fostering Youth to Independence and Family Unification Program housing choice vouchers. While the HUD vouchers cover the rental cost, assistance is not available for security deposits. Security deposits are usually equal to at least 1-2 months rent, making the expense prohibitive for many youth and families.

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

Citrus Health Network's Housing Department will provide housing navigation services to help the youth or family identify a rental unit. If applicable, Citrus staff will work with the local child welfare system of care housing review committee and the Public Housing Authority to secure a housing voucher and coordinate with the landlord to apply the deposit assistance to facilitate move in.

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

The target populations are former foster youth as well as families for whom the lack of adequate housing is a primary factor in: the imminent placement of the family's child or children in out-of-home care, or the delay in the discharge of the child or children to the family from out-of-home care. The group includes economically disadvantaged persons, at-risk youth, and homeless persons. The funds are estimated to serve 100 unduplicated youth and families with housing deposit assistance.

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

The expected benefit of the program is to enhance the housing stability and self-sufficiency of former foster youth and families for whom the lack of adequate housing is a primary factor in: the imminent placement of the family's child or children in out-of-home care, or the delay in the discharge of the child or children to the family from out-of-home care. The outcome will be measured by tracking the number of youth and families receiving deposit assistance.

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?

Citrus Health Network will work closely with the Department of Children and Families and local Public Housing Authorities to meet deliverables and performance measures.

5. Requester Contact	intormat	ion			
a. First Name	Mario		Last Name	Jardon	
b. Organization	Citrus He	alth Network, Inc).		
c. E-mail Address	mario@c	itrushealth.com			
d. Phone Number	(305)424	-3100	Ext.		
6. Recipient Contact	Information	on			
a. Organization	Citrus Health Network, Inc.				
b. Municipality and	d County	Miami-Dade			



17.

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c. Organization Ty _l	oe				
□For Profit Entity					
☑Non Profit 501(c	9)(3)				
□Non Profit 501(c	9)(4)				
□Local Entity					
□University or Co	llege				
□Other (please specify)					
d. First Name	Maria	Last Name	Alonso		
e. E-mail Address	maria@citrushealth.com				
f. Phone Number	(305)424-3100				
Lobbyist Contact Information					
a. Name	Monica L. Rodriguez				
b. Firm Name	Ballard Partners				
c. E-mail Address	monica@ballardpartners.	com			
d. Phone Number	(850)577-0444				