



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2380

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

We request funds for our Veteran Housing and Homelessness Intervention Program. It provides street outreach, case management, and transitional housing assistance to homeless and at-risk veterans and their families in Brevard County. It prevents and ends homelessness among veterans, improving their quality of life and saving costs for the local area. It is implemented by our skilled staff and volunteers who collaborate with the VA and other housing agencies. It brings benefits such as improved health, increased economic activity, enhanced self-sufficiency, and reduced social and personal impact of homelessness for veterans and their families.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	42%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	350,000	58%
Total Project Costs for Fiscal Year 2024-2025	600,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	150,000	354	No

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.

Organization receives donations/grants from individuals and businesses, United Way funding, and indirect funding from Combined Federal Campaign.

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



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Yes

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

Organization qualified for and received Paycheck Protection Program (PPP) Round 1 funding of \$28,192 for employee salaries for the period May-Oct 2020. Additionally, the organization received PPP Round 2 funding of \$28,890 for the period Feb-Aug 2021.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. 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	Outreach Program Manager (Lead Case Manager, Program Oversight): \$45,000; Outreach Program Coordinators (Street Outreach and Homelessness Prevention): \$75,000; Housing Program Manager (Lead Case Manager, Facility Management): \$45,000; Outreach and Housing Program Administration (HMIS Data Entry , prevention financial assistance coordination): \$32,000	197,000
Expense/Equipment/Travel/Supplies/Other	Housing Program Operational Costs: Utilities: \$22,000; Maintenance: \$21,000; Insurance: \$10,000	53,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

14. Program Performance



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

The funds requested will be used to achieve the specific purpose or goal of preventing and ending homelessness among veterans and their families in Brevard County, Florida.

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

The activities and services that will be provided to meet the intended purpose of these funds are street outreach, case management, and transitional housing assistance. Street outreach involves finding and helping unsheltered veterans on the streets and connecting them with housing programs and services. Case management involves analyzing and resolving the causes of housing crisis for veterans who are at risk of losing their housing and helping them secure financial assistance and stability. Transitional housing assistance involves offering temporary housing solutions to homeless veterans and their families and supporting them in achieving self-sufficiency.

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

The direct services that will be provided to citizens by the appropriation project are access to the VA healthcare system and mental health services, provision of basic needs such as food and camping gear, enrollment in housing programs and resources, financial aid and guidance, and transitional housing options. These services are delivered by our experienced staff and volunteers who have expertise in working with homeless and at-risk veterans.

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

The target population served by this project are veterans and their families who are homeless or at risk of homelessness in Brevard County, Florida. According to the latest data from HUD, there were 184 homeless veterans in Brevard County in 2023. According to the U.S. Census, there were 4,700 veterans living in poverty in Brevard County in 2020. These veterans are vulnerable to losing their housing due to various factors such as low income, high rent, unemployment, health issues, or family problems. Based on our previous performance and capacity, we expect to serve at least 350 veterans and their families through our project.

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 or outcome of this project is to prevent and end homelessness among veterans and their families in Brevard County, Florida. We will measure this outcome by using standardized tools and methods such as counting, recording, monitoring, calculating, and surveying. We will track the number of veterans who avoid or exit homelessness, access the VA healthcare and mental health services, achieve stable housing and employment, save costs for the local area by being housed, and report improved health status.

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?

The expected benefit or outcome of this project is to prevent and end homelessness among veterans and their families in Brevard County, Florida. We will measure this outcome by using standardized tools and methods such as counting, recording, monitoring, calculating, and surveying. We will track the number of veterans who avoid or exit homelessness, access the VA healthcare and mental health services, achieve stable housing and employment, save costs for the local area by being housed, and report improved health status. The projected economic impact of preventing homelessness and housing homeless veterans and their families through this project is \$3,106,500. This amount is based on the average annual cost of homelessness in Florida multiplied by the projected number of veterans and their dependents who will avert homelessness through our project.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**



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16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number