

1. Project Title

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

Shelter for Homeless - The Rahab Project

LFIR #3137

	Ben Albritton						
3. Date of Request	12/11/2023						
4. Project/Program D	escription						
sufficiency. Weekly serves 20–25 wome resources. Resident Developer to create teach homeless wor pathway programs to	case management, en annually. We pro ts at the House of Is an Individual Emplo men life skills, help that link educational	healthcare, and vide a wide rang srael will work w syment Plan foo them overcome and training se	k and permanent homes d behavioral healthcare v ge of wraparound suppo ith a case manager to cr cused on job readiness a obstacles, provide subs rvices. These programs mental health, and char	will benefit women. T rt services, focusing eate a housing and and permanent housi tance prevention trai help homeless wome	The House of Israel on women's access to service plan and a Jobing. Our mission is to ining, and create career en gain industry-		
5. State Agency to re	ceive requested fu	ı nds Depa	artment of Children and F	amilies			
State Agency conta	acted? No						
6. Amount of the Non	recurring Request	for Fiscal Yea	r 2024-2025				
Type of Funding			Amo	Amount			
Operations	Operations			150,000			
Fixed Capital Outlay	Fixed Capital Outlay			0			
Total State Funds	Requested			150,000			
7. Total Project Cost f	for Fiscal Year 202	4-2025 (includi	ina matchina funde av	ailable for this proje	act)		
		4-2025 (IIICIUUI			1		
Type of Funding		,	Amount	Percentage			
Total State Funds R		,		Percentage			
Total State Funds R Matching Funds		,	Amount 150,000	Percentage 61%			
Total State Funds R Matching Funds Federal	Lequested (from que	estion #6)	Amount 150,000	Percentage 61%			
Total State Funds R Matching Funds Federal State (excluding the	Lequested (from que	estion #6)	Amount 150,000 0	Percentage 61% 0% 0%			
Total State Funds R Matching Funds Federal State (excluding the Local	Lequested (from que	estion #6)	Amount 150,000 0 0	Percentage 61% 0% 0% 0%			
Total State Funds R Matching Funds Federal State (excluding the Local Other	e amount of this requested	estion #6)	Amount 150,000 0 0 0 97,430	Percentage 61% 0% 0% 0% 39%			
Total State Funds R Matching Funds Federal State (excluding the Local	e amount of this requested	estion #6)	Amount 150,000 0 0	Percentage 61% 0% 0% 0% 39%			
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	e amount of this requested (from que	pestion #6) uest) 024-2025	Amount 150,000 0 0 97,430 247,430	Percentage 61% 0% 0% 0% 39%			
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professors Fiscal Year	e amount of this requested (from quested (from quested (from quested from quested f	pestion #6) uest) 024-2025	Amount 150,000 0 0 97,430 247,430 No Specific	Percentage 61% 0% 0% 0% 39%			
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Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professors Fiscal Year	e amount of this requested (from quested (from quested (from quested from quested f	estion #6) uest) 024-2025 state funding?	Amount 150,000 0 0 97,430 247,430 No Specific	Percentage 61% 0% 0% 0% 39% 100%			
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professors Fiscal Year	e amount of this requested (from quested (from quested (from quested example)) s for Fiscal Year 20 eviously received Amount of this requested eviously received example.	estion #6) D24-2025 State funding? Dunt Nonrecurrin	Amount 150,000 0 0 97,430 247,430 No Specific	Percentage 61% 0% 0% 0% 39% 100%			
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project professory (yyyy-yy)	e amount of this requested s for Fiscal Year 20 eviously received Amo	estion #6) uest) 024-2025 state funding? ount Nonrecurrin	Amount 150,000 0 0 97,430 247,430 No Specific Appropriation #	Percentage 61% 0% 0% 0% 39% 100%			

We are seeking funding from other governmental agencies, local agencies, private foundations, corporations and donations.



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

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88,646

25,304

36,050

150,000

Yes				
If yes, indicate the amount of	funds received and wi	hat the funds were used fo	r.	
The House of Israel has receiv amount of \$8,500.	ed an SBA loan in the a	mount of \$69,000 and an El	DL in the	
Complete questions 11	and 12 for Fixed	d Capital Outlay Pro	ojects	
11. Status of Construction				
a. What is the current phase o	of the project?			
O Planning O Design	Construction	O N/A		
b. Is the project "shovel ready	" (i.e permitted)?	No		
c. What is the estimated start	date of construction?			
d. What is the estimated comp	oletion date of constru	ction?		
12. List the owners of the facility relationship between the ow			al outlay funding. In	clude the
N/A				
13. Details on how the requested	state funds will be ex	pended		
Spending Category		Description		Amount
Administrative Costs:				
Executive Director/Project Head Salary and Benefits				
Other Salary and Benefits				
Expense/Equipment/Travel/Supplie Other	s/			(
Consultants/Contracted				

14. Program Performance

Planning Engineering

Consultants/Contracted

Construction/Renovation/Land/

Services/Study

Services/Study

Other

Salary and Benefits

Operational Costs: Other

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Total State Funds Requested (must equal total from question #6)

mortgage & utilities. Pay for GED attainment.

compliance management

Allocation of salaries and benefits for program staff which includes

Program Manager, Case Manager, and 3 Direct Service Techs.

Desktop computers and printers for clients seeking jobs, creating

resumes, and GED preparation/attainment. Telephone & internet services. Case manager software program. Percentage of associated

Consultant services in psychchiatry, behavioral health, substance

abuse and mental health treatment. Consultant services for fiscal and



☑ Non Profit 501(c)(3)

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

The primary objective is to bring about an environment in which all women are in a position of strength. This will be accomplished by promoting the adoption of a healthier lifestyle that incorporates the assessment and treatment of both mental and general health conditions, the cultivation of life skills and job skills, the assessment and treatment of substance abuse, and the achievement of a high school diploma or GED.

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

Within 72 hours of arrival, each resident will have a scheduled appointment with the Case manager to identify their needs and establish goals for receiving services. A career assessment will be developed with the Job Development Coach. Behavioral Health coordinated services will be undertaken to provide the best treatments for those with poor mental health.

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

Case management services, career and job development and placement, life skills development, three meals a day, showers, personal hygiene items, clothes, transportation to all appointments, medical and psychosocial evaluations, access to more substance and behavioral health facilities, a computer for job searches, a bed in a clean and safe place, and more resources to help meet their needs.

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

The project will serve between 20 to 25 people annually. The targeted population includes women who experiencing homelessness including people with poor mental and physical health, drug users (in health services) and jobless persons.

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

The anticipated benefits include enhanced economic activity, improved physical and mental health, and increased economic independence for women. Women will increase their access to and employment opportunities in every community. Case management services will be initiated for the women within 72 hours of their arrival and will continue on a weekly basis.

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?

Notice of reasonable time to cure.						
Requester Contact	Informati	on	_			
a. First Name	Maurice		Last Name	Campbell		
o. Organization	The Hous	e of Israel Inc				
c. E-mail Address maurnls@comcast.net						
d. Phone Number	(863)712-	2774	Ext.			
16. Recipient Contact Information						
a. Organization	The Hous	e of Israel Inc				
b. Municipality and County Polk						
c. Organization Type						
□For Profit Entity						
	Requester Contact a. First Name b. Organization c. E-mail Address d. Phone Number Recipient Contact a. Organization b. Municipality and	Requester Contact Information. a. First Name D. Organization C. E-mail Address Maurice The House Maurice The House Maurice Mauric	Requester Contact Information a. First Name D. Organization The House of Israel Income maurnls@comcast.net D. Phone Number (863)712-2774 Recipient Contact Information D. Organization The House of Israel Income mauricipality and County Polk C. Organization Type	Requester Contact Information a. First Name Maurice Last Name D. Organization The House of Israel Inc C. E-mail Address maurnls@comcast.net d. Phone Number (863)712-2774 Ext. Recipient Contact Information a. Organization The House of Israel Inc D. Municipality and County Polk C. Organization Type	Requester Contact Information a. First Name Maurice Last Name Campbell D. Organization The House of Israel Inc C. E-mail Address maurnls@comcast.net d. Phone Number (863)712-2774 Ext. Recipient Contact Information a. Organization The House of Israel Inc D. Municipality and County Polk C. Organization Type	Requester Contact Information a. First Name



17.

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□Non Profit 501(c	;)(4)					
□Local Entity						
□University or College						
□Other (please specify)						
d. First Name	Maurice	Last Name	Campbell			
e. E-mail Address	maurnls@comcast.net					
f. Phone Number	(863)712-2774					
Lobbyist Contact Information						
a. Name	None					
b. Firm Name						
c. E-mail Address						
d Phone Number						