

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

LFIR # 3271

1. Project Title	Pilot Program for Enforcement	or Homeless Outrea	ach Specialists to Assi	st Law	
2. Senate Sponsor	Jay Trumbull				
3. Date of Request	01/04/2024				
4. Project/Program D	escription				
homelessness that needs. They will link	they encounter on t	he streets. The Out cial and rehabilitativ orts, make formal re	ve resources to help the	engage with the penem find shelter. be	persons experiencing rson and assess their havioral health and/or oral health services, and
5. State Agency to re	<u> </u>		nent of Children and F	amilies	
State Agency cont	•				
6. Amount of the Non	recurring Reques	for Fiscal Year 20)24-2025 		1
Type of Funding			Amo		
Operations				120,000	
Fixed Capital Outla				420,000	
Total State Funds	Requested			120,000	
7. Total Project Cost	for Fiscal Year 202	24-2025 (including	matching funds ava	ilable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds F	Requested (from qu	estion #6)	120,000	100%	
Matching Funds Federal			0	0%	
	amount of this rea	uest)	0	0%	1
State (excluding the amount of this request) Local			0	0%	†
Other			0	0%	1
Total Project Cost	s for Fiscal Year 2	024-2025	120,000	100%	
8. Has this project pr		<u> </u>	No	10076	
Fiscal Year	Am	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future funding li	kely to be request	ed?	No		
•	•]
a. If yes, indicate r	_	-			
b. Describe the so	urce of funding th	at can be used in	lieu of state funding.		7
10. Has the entity red	uesting this proje	ct received any fe	deral assistance rela	ted to the COVID-	19 pandemic?



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LFIR # 3271

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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

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?	
2. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay fun relationship between the owners of the facility and the entity.	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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	(2) full-time Outreach Specialists, program supervision and support with accompanying benefits. Benefits include Paid Time Off, Holidays, Insurance (medical, dental, vision, life), and 403(B) Retirement Plan.	114,000
Expense/Equipment/Travel/Supplies/ Other	Laptop computers, cell phones with monthly service fees, electronic health record access, and travel reimbursement.	6,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		

14. Program Performance

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

Reduce the amount of time that law enforcement spends engaged in social work activities with persons experiencing homelessness.

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



Return of funding to the state.

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The homeless outreach specialist will respond to requests for assistance from law enforcement. They will engage, assess needs, and link to applicable resources.

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

The Homeless Outreach Specialists will provide assistance to persons experiencing homelessness by assisting their needs, linking them to resources, make formal referrals to needed medical and or behavioral health services, and provide follow up contact with the person.

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

Homeless individuals who are previously incarcerated at the Okaloosa County Jail, persons with poor mental health, jobless persons, economically disadvantaged persons, homeless and drug offenders. It is estimated that 100 individuals will be served annually.

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

There will be a reduction in the amount of time that law enforcement officers are spending in social work interventions with individuals experiencing homelessness.

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?

15. Requester Contact	Informati	ion			
a. First Name	Donna		Last Name	Morgan	
b. Organization	Bridgeway Center, Inc.				
c. E-mail Address	DMorgan@Bridgeway.org				
d. Phone Number	(850)376	-5386	Ext.		
16. Recipient Contact	Informatio	on			
a. Organization	Bridgewa	y Center, Inc.			
b. Municipality and	I County	Okaloosa			
c. Organization Typ	ре				
□For Profit Entity					
☑Non Profit 501(c	3)(3)				
□Non Profit 501(c	(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	ecify)				
d. First Name	Clayton		Last Name	McAllister	
e. E-mail Address	cmcalliste	er@bridgeway.or	a		



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f. Phone Number	(850)833-7500	
17. Lobbyist Contact I	nformation	
a. Name	None	
b. Firm Name		
c. E-mail Address		
d. Phone Number		