

The Florida Senate Local Funding Initiative Request

LFIR # 3592

Fiscal Year 2024-2025

1. Project Title One Hopeful Place - Homeless Shelter Intake and Resource Center Renovation Project

2. Senate Sponsor Jay Trumbull

3. Date of Request 01/04/2024

4. Project/Program Description

The existing building on the property at One Hopeful Place is currently unoccupied and ready for renovation to be used as a homeless shelter intake and resource center.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	400,000
Total State Funds Requested	400,000

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)	400,000	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	400,000	100%

8. Has this project previously received state funding? No

Fiscal Year	Amo	Amount		Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

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.

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

No

No

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

11. Status of Construction

ł

a. What is the current phase of the project?

Planning Obesign Occurrction N/A

o. 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.

Yes

2025

7/1/2024

Community Solutions of the Emerald Coast is the owner of One Hopeful Place.

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		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering	Renovations for conversion of an existing facility to a homeless shelter intake and resource center.	400,000
Total State Funds Requested (must equal total from question #6) 400,00		400,000

14. Program Performance

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

Our goal is to provide a safe environment and resources for our community homeless men women individual, so they can receive essential living provisions, obtain life skills, and move from transitional housing to a permanent residence.

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

The building will support multiple programs. The center will focus on the intake process and provide case management to determine each homeless individual's specific needs such as substance abuse treatment, health screenings, educational courses, benefits advocacy, (SSDI), veterans' benefits, and housing transition.



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

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

Each homeless individual will be directly provided with meals, showers, clothing, and services such as laundry, resource advocacy, technical or educational opportunities, life skills learning assistance.

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

The target population to be served are elderly, jobless, homeless, physically disabled, developmentally disabled, economically disadvantaged, poor physical and mental health.

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

be measured?

The outcome to renovate an existing building will provide the space needed to service One Hopeful Place's current participants and additional community homeless individuals and provide more resources, educational and technical skill classes, social activities, workshops, and intake offices. A successful outcome will be measured by the count of homeless individuals who complete the intake process, complete classes, obtain employment, move into transitional or permanent housing, and become self-sufficient.

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?

Failure to meet deliverables will result in the return of funds to the administering agency.

15. Requester Contact Information

a. First Name	Ted Last Name Corcoran		
b. Organization	Community Solutions of the Emerald Coast (One Hopeful Place)		
c. E-mail Address	tedcorcoran@fwbchamber.org		
d. Phone Number	(850)978-1930 Ext.		
16. Recipient Contact	ontact Information		
a. Organization	Community Solutions of the Emerald Coast (One Hopeful Place)		
b. Municipality and	d County Okaloosa		
c. Organization Ty	pe		
□For Profit Entity			
☑Non Profit 501(c	:)(3)		
□Non Profit 501(c	□Non Profit 501(c)(4)		
□Local Entity	□Local Entity		
□University or College			
□Other (please specify)			
d. First Name	Ted Last Name Corcoran		
e. E-mail Address	tedcorcoran@fwbchamber.org		



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

LFIR # 3592

f. Phone Number (850)978-1930

17. Lobbyist Contact Information

a. Name	None
b. Firm Name	
c. E-mail Address	
d. Phone Number	