



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1477

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This program delivers essential services to individuals experiencing homelessness throughout the Big Bend Region, including emergency shelter, mental health care, and diversion programs that help people transition from homelessness to stability. Funding will strengthen program capacity and sustainability, enabling us to directly serve an estimated 1,500 people.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	66%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	283,569	9%
Other	760,740	25%
Total Project Costs for Fiscal Year 2026-2027	3,044,309	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	0	1,000,000	363	No

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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	Administrative and indirect costs, includes assistance for required single audit costs and general administrative costs associated with the operation of the program.	130,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Emergency Services, Outreach, and Case Management staff	935,000
Expense/Equipment/Travel/Supplies/Other	Emergency Shelter, Mental Health, Supportive Services and Health Services expenses	935,000
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)		2,000,000

13. Program Performance

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

To reduce homelessness and support stability in the Big Bend Region by providing emergency shelter, mental health, and diversion services to those in need, reaching an estimated 1,500 individuals annually.

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



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Diversion Services: Keeps people from entering the shelter by helping them find stable, affordable housing or assist with rent/utilities to keep people in their homes
Emergency Shelter: Overnight and day program
Mental Health services: Counseling and medication management
Primary Care Services: Free in-house medical care available for clients and the greater community

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

Diversion Services: Keeps people from entering the shelter by helping them find stable, affordable housing or assist with rent/utilities to keep people in their homes
Emergency Shelter: Overnight and day program
Mental Health services: Counseling and medication management
Primary Care Services: Free in-house medical care available for clients and the greater community

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

Target population are those experiencing homelessness, housing instability and joblessness. Includes elderly, persons with poor mental and physical health, economically disadvantaged, formerly incarcerated persons and victims of crime.

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

*Create opportunities for individuals in poverty to progress toward stability and self-sufficiency: 1,500 individuals will receive safe emergency shelter and support, while additional outreach services will assist unhoused community members living outside the shelter.
*Improve physical health: 1,500 people will receive primary care services. This include clients of the Kearney Center as well as unhoused community members not living at the shelter.
*Improve mental health: 240 people will receive mental health services, including counseling and medication management as well as referrals to community mental health providers. These services will help reduce the longterm trauma, stress, and anxiety associate.
Data will be tracked through the HMIS system.

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 in the contract?

Delay or loss of funding tied to deliverables requirement.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply



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a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. 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 Ext.



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19. Lobbyist Contact Information

a. Name	<input type="text" value="Nicole Kelly"/>
b. Firm Name	<input type="text" value="The Southern Group"/>
c. E-mail Address	<input type="text" value="kelly@thesoutherngroup.com"/>
d. Phone Number	<input type="text" value="(850)671-4401"/>

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.