

1 Project Title

### The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

**LFIR # 1524** 

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2.	. Senate Sponsor	Corey Simon		
3.	. Date of Request	11/17/2025		
4.	. Project/Program De	scription		
	Tallahassee. At no c		fe, transitional housing for unhoused, pregnant wome ram offers a stable, nurturing environment with comples and children.	
	18 or older, pregnant	t upon enrollment, homele	ong with their newborns and toddlers, at a time. Eligibless or in unsafe living conditions, and free from a cringree to abide by house rules.	
			safe space for them and their children (up to age 3), pregnancies and early childhood development.	helping break the

5.	State	Agency	to receive	requested funds	
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Department of Children and Families

State Agency contacted?

Yes

Brehon Family Stabilization

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

Type of Funding	Amount
Operating	60,000
Fixed Capital Outlay	20,000
Total State Funds Requested	80,000

### 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)	80,000	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 2026-2027	80,000	100%

8. Has this project previously received state funding? If yes, provide the most recent instance:

Yes

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2023-24	0	100,000	315	No	

9. Is future-year funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

60,000

b. Describe the source of funding that can be used in lieu of state funding.



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**LFIR # 1524** 

Solicit contributions	
Complete questions 10 and 11 for Fixed Capi	tal Outlay Projects
10. Status of Construction a. What is the current phase of the project?	
	ı
b. Is the project "shovel ready" (i.e permitted)?	No
c. What is the estimated start date of construction?	08/01/2025
d. What is the estimated completion date of construction?	Construction N/A  Pel ready" (i.e permitted)?  No  No  No  No  No  No  No  No  No  N
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.

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Federal Grants.

### 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	Technology	10,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Direct client assistance, shelter operation needs and costs, increased client stabilization efforts, financial assistance to clients	50,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Shelter repair and residential bathroom repairs	20,000
<b>Total State Funds Requested (m</b>	nust equal total from question #6)	80,000

### 13. Program Performance

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



□ No, but intends to apply

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Funds will support direct client assistance to enhance service delivery and promote longer term stabilization for families. Technology funds will upgrade all staff computer stations to improve documentation, case management, and service delivery. Updated computers will ensure efficient administrative operations and accurate recordkeeping. Additionally, computers will be available for residents to pursue education, job searches, and skill-building opportunities that support long-term stability and independence. Lastly, shelter repair and renovations to ensure the shelter is maintained for client use.

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

Activities include providing financial aid such as rental and utility assistance, meeting essential shelter needs, and supporting individualized services that help residents achieve stability, self-sufficiency, and long-term housing security. Additionally, more access to technology for workforce training, job searching, and educational pursuits.

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

The appropriations will enhance the current service delivery and provide the ability to expand our efforts for longer term client stabilization. Direct client assistance such as financial assistance when entering into housing or financial assistance in securing the necessary documentation (ID, birth certificates, etc) to qualify for housing. Clients will meet with the case manager once a week to determine current goals and needs.

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

The target population for this program is unhoused, pregnant women and their children. We anticipate serving at least 25 women and children annually.

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 and outcome of this project is to increase the longevity of client stabilization. The overarching goal is to reduce recidivism into shelters. By providing direct client assistance, we are able to alleviate a portion of the financial burden that residents experience. In doing so, we are able to stabilize them longer term.

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?

[		ss of funding
14. I	s tl	nis project related to mitigation, response, or recovery from a natural disaster? No
a.	. If	Yes, what phase best describes the project?
	ב	Mitigation (reducing or eliminating potential loss of life or property)
	ב	Response (addressing the immediate and short-term effects of a natural disaster)
	ב	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b	. Na	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
15. I	Has	the entity applied for or received federal assistance for this project?
[	⊐ Y	es, Applied
[	⊐ Y	es, Received
[	<b>□</b> N	lo



## The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

**LFIR # 1524** 

a. If yes, provide th	e FEMA p	project workshe	et ID#:			
b. Provide the total	project c	ost listed on the	e FEMA proj	ect workshee	t:	
16. Has the entity app	lied for o	r received state	assistance t	or this projec	ct (other than	n this request)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends t	o apply					
a. If yes, specify th Commerce):	e progran	n and state ager	ncy (ex. Loca	al Governmer	nt Emergenc	ey Bridge Loan, Departme
7. Requester Contac		ion	1			1
a. First Name	Halle		Last Name			]
b. Organization		nstitute for Family		IC.		]
c. E-mail Address		orehonfamilyserv	1			]
d. Phone Number	(850)980	I <del>-</del> U422	Ext.			
8. Recipient Contact	Informati	on				
a. Organization	Brehon II	nstitute for Family	y Services, Ir	ıC.		
b. Municipality and	d County	Leon				
c. Organization Ty	pe					
□For Profit Entity						
☑Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
□Local Entity						
□University or Co	llege					
□Other (please s	pecify)					
d. First Name	Halle		Last Name	Bush		]
e. E-mail Address	hbush@b	orehonfamilyserv	rices.org			]
f. Phone Number	(850)980	J-0422	Ext.			



# The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

**LFIR # 1524** 

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

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