



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1977

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This specialized outreach initiative is focused on reducing unsheltered homelessness by engaging, assessing, treating, and securing housing placement for persons who are homeless and hard to serve. The project will address immediate and long-term health and behavioral health needs, with the end goal of stabilization in housing.

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	97,081
Fixed Capital Outlay	0
Total State Funds Requested	97,081

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)	97,081	16%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	84%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	597,081	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	97,081	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

10. Status of Construction



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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		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Salary and Benefits for 0.10 FTE Director, .10 FTE Supervisor, (3) @ .10 FTE Outreach Specialists, .10 FTE Medical Assistant, .10 FTE BH Clinician, .03 FTE ARNP and .10 FTE RN (\$67,777) Program supervision, billing and reporting (\$8,120)	75,897
Expense/Equipment/Travel/Supplies/Other	Vehicle insurance @\$1200+gas/tolls/maintenance @950.00+ bus passes @\$1,000 Program Supplies @ 1,396 for (EHR System - ICANotes; IT Equipment; Cell Phones, Laptops, Uniforms Other: Direct and ancillary support (client care items, clothing, life skills/job training, activities, food, bus passes, medication, move-in expenses, utilities, etc.) (\$16,638)	21,184
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)		97,081

13. Program Performance

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



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The goal is to reduce unsheltered homelessness using a specialized, multidisciplinary behavioral health outreach team, with a focus on homeless individuals with serious mental illness (SMI) and substance use disorders (SUD). Highly vulnerable individuals are engaged and connected to the comprehensive services they need to achieve stability, recovery, and ultimately, permanent housing.

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

The project will engage as many homeless individuals in Miami-Dade as possible, and deliver treatment and stabilization services along with housing and other supportive services.

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

The project will engage, assess, treat (medically and mentally) and secure supportive housing placement for persons who are homeless and mentally ill or have substance use disorders or co-occurring disorders living on the streets of Miami-Dade County.

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

The project will serve 25-40 individuals with poor physical/mental health, drug users, homeless, physically disabled, jobless persons, economically disadvantaged persons, and chronically homeless individuals.

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

Improve physical health indicators for participants by increasing access to healthcare services and reducing preventable health issues within 12 months of program enrollment.

-Collect baseline data on participants physical health status, including chronic conditions, preventive care, and recent hospital or emergency department use.

-Track engagement in medical appointments, screenings, vaccinations, and treatment adherence through case management records.

-Use standardized clinical assessments (e.g., for depression, GAD-7 for anxiety, substance use screenings) and treatment adherence logs to track improvements.

Reduce risks to the general public from criminal activity and unsafe behaviors among chronically homeless participants within 12 months of program enrollment. 50% of participants will show improved mental health or reduced substance use within 12 months of enrollment.

-Document reductions in observable unsafe behaviors during street outreach and monitoring

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?

Failure to meet deliverables will result in nonpayment.

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



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

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



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☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

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.