



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1196

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Continuation of funding for Santa Rosa, Okaloosa, Walton and Bay Counties Re-Entry Portal, providing a complete program of transitional re-entry services, including housing, case management, registration, and job assistance for recently released men and women returning to Santa Rosa, Okaloosa, Walton and Bay Counties.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>150,000</b>

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)	150,000	60%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	40%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>250,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	150,000		No

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.

Local foundations, private individual support, faith-based organizations, programmatic funding, and in-kind donations

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



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

Received funding from the City of Pensacola for homeless operations not related to the Reentry Operations. We received \$200,000 for Womens Emergency Shelter, \$149,000 for motels for homeless individuals and \$348,000 for the Maxwell-Respite Homeless Shelter.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. 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)?

No

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.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Director salary and benefits.	25,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries for 2 positions: Director of Housing and Employee Relations; Salaries for a Certified Addiction Specialist.	102,000
Expense/Equipment/Travel/Supplies/Other	Rent and utilities for satellite office.	15,000
Consultants/Contracted Services/Study	Client support includes identification, birth certificates, driver's licenses, prescription co-pays, clothing and tools for work, transportation expenses, insurance expenses, emergency food and clothing.	8,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>150,000</b>

### 14. Program Performance

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



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To continue the funding of a re-entry portal primarily serving Escambia County with a comprehensive re-entry program for men and women including housing, transportation, case management, substance abuse counseling, and job assistance, serving approximately 500 recently released men and women.

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

Complete intake, needs assessment, development of an individualized re-entry plan, registration assistance with sheriff and probation officers, identification assistance, supportive housing, job referral and employment assistance, assistance with clothing and required tools.

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

Intake registration, needs assessment, development of an individualized re-entry plan, registration with sheriff and probation officers, obtaining ID cards and driver's licenses, payment of co-pay for prescribed medication, clothing, hygiene items, bedding supplies, supportive housing, case management, and transportation assistance including bus passes and private vehicle driver.

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

Men and women returning to northwest Florida from state prisons. An estimated 500 individuals will require some type of services, including 75-100 needing supportive housing.

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

Adequately funded community-based re-entry programs will result in a substantial reduction in the rate of recidivism. REAP maintains intake and termination records on all clients for a period of three years from date of intake and regularly uses reports from local law enforcement agencies, FDOC and FDLE for follow-up and update after termination of services.

**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?**

Typical contracts with FDOC provide for monetary penalties for failure to timely submit required reports and for failing to meet identified performance objectives regarding completion of programs and rate of recidivism.

**15. Requester Contact Information**

a. **First Name**  **Last Name**

b. **Organization**

c. **E-mail Address**

d. **Phone Number**  **Ext.**

**16. 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



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University or College

Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**