



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Okaloosa County- One Hopeful Place Phase II & III Buildout

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

Interior renovation of Phase II of One Hopeful Place to include 32 additional transitional housing units for homeless individuals in Okaloosa County, along with a commercial kitchen and additional shelter space for hazardous weather. Also includes interior renovation of Phase III, which will serve as the consolidated Resource Center for wrap around services for homeless individuals, families, and veterans.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	600,000	600,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 600,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2015-16

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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

No

11. Program Performance:

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

Provide wrap around services to end homelessness in Okaloosa County.

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

Housing support, medical services, mental health evaluations, job training, veteran assistance, etc. to include all services needed by homeless individuals and families to "get back on their feet" and return to society.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Renovation of Phase II & III buildings.	600,000
TOTAL		600,000

d. What are the direct services to be provided to citizens by the appropriations project?

Provide a shelter and services for the homeless in Okaloosa County.

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

Homeless individuals, families, children, and veterans - over 100 population.

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

Reduction in the homeless population in Okaloosa County; point-in-time counts and employment.

g. 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?

Revocation of funding if project is not completed.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Community Solutions of the Emerald Coast, Inc. (Currently lease the property where One Hopeful Place Campus resides from the City of Fort Walton Beach)

13. Requestor Contact Information:

- a. **Name:** Michael Beedie
- b. **Organization:** City of Fort Walton Beach
- c. **Email:** mbeedie@fwb.org
- d. **Phone Number:** (850)833-9612

14. Recipient Contact Information:

- a. **Organization:** Community Solutions of the Emerald Coast, Inc.
- b. **County:** Okaloosa
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)



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- d. Contact Name:** Michael Beedie
e. E-mail Address: mbeedie@fwb.org
f. Phone Number: (850)833-9612

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name:** None
b. Firm: None
c. Email:
d. Phone Number: