



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Community Training to Increase Supportive Housing for Persons with Special Needs, Homeless, and ELI

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 11/22/2017

4. **Project/Program Description:**

"Community Training to Increase Supportive Housing for Persons with Special Needs, Homeless, and ELI" is a statewide program designed to assist individual communities that recognize the need for supportive housing for persons with special needs, individuals and families experiencing homelessness, and individuals and families with extremely low incomes (ELI). "Community Training to Increase Supportive Housing for Persons with Special Needs, Homeless, and ELI" is available to assist a county or counties who are struggling to provide more supportive housing in the area but who can demonstrate they can convene a supportive housing leadership committee. The training will be facilitated by Florida Supportive Housing Coalition board members and others who have been successful in developing supportive housing and have built or been involved in successful collaborations. Facilitators will be knowledgeable of the local area, resources, and its key leaders.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Florida Housing Finance Corporation

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
75,000		75,000

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):** 75,000

9. **Previous Year Funding Details:**



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- 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? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

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:		75,000	75,000

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

Yes

- a. If yes, indicate non-recurring amount per year.

\$75,000

11. Program Performance:

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

The specific purpose of this funding is to provide the second phase of Florida Supportive Housing Coalition's locally facilitated dialogues to communities that have recognized the need for supportive housing for persons with special needs, individuals who are experiencing chronic homelessness, or individuals or families with extremely low incomes. Communities will self-identify they are capable of developing the necessary collaboration needed for development of supportive housing to be successful. Communities who are eligible will go through a prioritization process based on information they provided regarding readiness and need of the targeted populations. The second phase also includes follow up and TA with Phase 1 2017-18 participants. The number of additional communities added in Phase 2 will depend on the volume of TA needed to Phase 1 communities.

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

The activities include multiple face-to-face facilitated discussions with community leaders and supportive housing stakeholders. Facilitated discussions will be led by executive staff of organizations that have successfully developed community coalitions and supportive housing. Services include access to facilitators and resources through FSHC, a written review of the dialogue, and local specific suggestions/recommendations to move forward.



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c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Project Head	20,000
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel expenses and supplies	6,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Event coordinator	5,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	On-site facilitators	25,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel Expenses	9,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Technical Assistance Consultants	10,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		75,000

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

The direct service provided to Florida’s citizens is the targeted community’s ability to increase supportive housing to the most needy of Florida's citizens as identified in the Shimberg's 2016 Rent Study.

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

Individuals who will be directly targeted are county and community government leaders, Continuum's of Care, developers, churches, service providers, and other locally identified supportive housing stakeholders. Indirectly the targeted populations that will benefit from this statewide program are individuals with disabling conditions and special needs including disabled veterans, seniors, persons with severe mental illnesses or substance abuse disorders including individuals with opioid addictions and their families, persons experiencing domestic violence, the chronically homelessness, and individuals with intellectual disabilities.

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



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The expected outcome is the development of local community coalitions who understand how they can work together to begin developing supportive housing for those most in need in their community. Each community will learn to identify what resources are needed to be successful, who within the community can provide each resource or resources, and what resources are needed to be acquired outside the community. To measure the outcome each community coalition participating in the dialogue will be required to periodically report what has transpired since the dialogue was initially conducted.

- 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?**

Return of unused funding and loss of future funding.

- 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.**

n/a

- 13. Requestor Contact Information:**

- a. **Name:** Karen Koch
- b. **Organization:** Florida Supportive Housing Coalition
- c. **Email:** karen@fshc.org
- d. **Phone Number:** (850)545-0818

- 14. Recipient Contact Information:**

- a. **Organization:** Florida Supportive Housing Coalition
- b. **County:** Statewide
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Karen Koch
- e. **E-mail Address:** karen@fshc.org
- f. **Phone Number:** (850)545-0818

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

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