



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** ULOC of Tampa Transitional Housing & Recovery Program

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

ULOC Transitional Housing & Recovery Program provides safe transitional housing, outpatient substance abuse treatment and life, vocational and employability skills training for homeless women with a history of mental illness, substance abuse and incarceration. The program's goal is to empower them to be self-sufficient, independent and drug and alcohol free. Funds being requested will provide staffing and operational resources to serve women who might otherwise fall through the cracks.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

Department of Children and Families

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
416,925	155,000	571,925

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):** 571,925

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:			

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

Yes

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

\$500,000

**11. Program Performance:**

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

ULOC Transitional Housing & Recovery Program provides safe transitional housing, outpatient substance abuse treatment and life, vocational and employability skills training for homeless women with a history of mental illness, substance abuse and incarceration. The program's goal is to empower them to be self-sufficient, independent and drug and alcohol free. Requested funds will provide staffing and operational resources to serve women who might otherwise fall through the cracks.

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

Direct services to participants will include case management, transitional housing, psychiatric initial assessment, medication management, individual counseling and group therapy weekly.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Salary Executive Director @ 50% of her time (Annual salary \$70K) providing staff supervision as well as direct	40,273



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	services. \$35K salary + FICA, unemployment and worker's comp insurance.	
<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 checked="" type="checkbox"/> Salary and Benefits	Salaries for 4.5 FTE staff, including 1 full time Mental Health Clinician (\$48K); Certified Addiction Professional (\$42K); Monitor Technician (\$21K); Administrative Assistant (\$29K) and part-time Employment Coordinator (\$21K); benefits (\$31,472)	192,472
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Occupancy/shelter (\$6Kx12=\$72K); Occupancy/office/training sites (\$18K); utilities (\$18K) phones (\$2,700); Insurance/Liability (\$37.2K); Equip/copier/printer lease (\$4,080); furniture & computers (5K)	158,180
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Medical Director overseeing toxology - 10 hours/month (\$12K); Group facilitators - 7 groups/week x 50 weeks =350 groups @ \$20/hour x 2 hours = \$14K	26,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Purchase 2 of 3 currently rented properties - Duplex 4/2 @ est. \$60k; Single residence	155,000



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	5/2 @ \$70K w/\$25K in repairs	
TOTAL		571,925

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

Case Management, transitional housing, psychiatric initial assessment, medication management, individual counseling and weekly group therapy.

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

Persons with poor mental health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, drug users, and currently or formerly incarcerated persons.

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

Improve mental health, enhance individual's economic self-sufficiency, reduce recidivism, and reduce substance abuse.

**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?**

Penalties could range from corrective action plan to suspension.

**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.**

The entity has no relation with the owner of the facilities. The entity is currently leasing two properties under tenant-landlord agreements.

**13. Requestor Contact Information:**

- a. **Name:** Samantha Brown, President
- b. **Organization:** Unique Ladies of Character, Inc.
- c. **Email:** Uniqueladys1@aol.com
- d. **Phone Number:** (813)812-2860

**14. Recipient Contact Information:**

- a. **Organization:** Unique Ladies of Character, Inc.
- b. **County:** Hillsborough
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College



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Other (Please specify)

**d. Contact Name:** Samantha Brown, President

**e. E-mail Address:** Uniqueladys1@aol.com

**f. Phone Number:** (813)812-2860

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**