

- 1. Title of Project: Homeless Veteran Housing Assistance
- 2. Senate Sponsor: Debbie Mayfield
- 3. Date of Submission: <u>01/09/2018</u>
- 4. Project/Program Description:

1.Search and Rescue-Veteran Outreach Program: Street outreach program in which personnel physically locate, engage, and assist homeless/at-risk/low-income veterans and their dependents in Brevard County and adjacent communities in a field setting. The programs purpose is to identify and relieve the most pressing needs of homelessness (i.e. food, shelter, health/hygiene, clothing) in the short term, with the long-term goal of connecting clients to existing housing, benefits assistance, employment, and related agencies in the community (depending on the specific client's needs) for the purpose of getting them off of the streets as rapidly as possible and restoring the client to self-sufficiency. 2. Veteran Supportive Housing Program: A capacity to provide 17 homeless and low-income veterans and/or their dependents with emergency, transitional, and or permanent-supportive housing in one of 4 properties located in Brevard County.

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? <u>Department of Children and Families</u>

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
150,000		150,000

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

Туре	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): 150,000



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?
- 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:	Α	В	С
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?

<u>Yes</u>

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

Unknown, due to demand.

11. Program Performance:

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

<u>The primary goals for these programs are to locate homeless and at-risk veterans in our community by</u> physically going out and connecting with them in the field, and converting them through personalized case management and supportive housing to self sufficient citizens again. The specific purpose of these programs is to accomplish our mission of "Eliminating Homelessness Among Veterans in Central Florida". Since 2011 when the state first started partnering with this agency, these two programs have driven an outstanding 75% reduction in the total homeless veteran population in Brevard County according to the Brevard Homeless Coaltion's Bi-Annual Point in Time Count; far exceeding the reduction rate of any of the neighboring counties in the State.

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

The primary purpose of the funds from the State are to provide assistance with case management, data tracking, maintenance/utilities of the housing facilities, and direct management of the two programs. Case management will be provided in both a field environment via the outreach program, and in the housing facilities. All case data from the field and the housing units are recorded in a shared homeless database



mandated by HUD called the Homeless Management Information System (HMIS) which the agency has been a member of and has been contributing to since 2009.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Operational Costs		
☑Salary and Benefits	Programs Director, Outreach Case Manager, Housing Case Manger, Data Entry Clerk	87,424
☑ Expense/Equipment/Travel/Supplies/Other	Utilities, Housing Supplies, and Maintenance	62,576
□Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
□Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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

Street Outreach, Case Management, and Emergency/Transitional/Permanent Supportive Housing

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

<u>Target population for both programs are homeless, at-risk, and low income veterans and their dependents</u> <u>located primarily in Brevard County and adjacent counties. Search and Rescue: Assists approximately 250</u> <u>clients annually. Housing Program: Assists approximately 25 clients annually.</u>



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

In January 2015, the Brevard Continuum of Care Coalition physically counted on a single day 257 homeless veterans living in homeless housing programs or completely unsheltered on the streets, with an additional 60 dependents of these veterans (spouses/children) living in the same conditions, for a total of 317, including 57 who were completely unsheltered. This population represents 27% of the total homeless population in Brevard County (1,178 total), 12% of the unsheltered homeless (494 total), and 38% of the sheltered homeless (684 total). Research conducted by Los Angeles County, California in 2009 (Where We Sleep: Costs when Homeless and Housed in Los Angeles) determined the cost to the government per homeless person in a supportive housing program was about \$605 per month, however it cost the local economy nearly 5 times as much to leave them unsheltered, or \$2,897 per month.

- 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? During our 2015-16 grant cycle, among several other performance measures, the agency was required to assist a minimum number of clients monthly. If the agency failed to meet the minimum target, the amount submitted for reimbursement could be deducted at a rate proportionate to the percentage of the missed target amount. The agency believes this is the penalty the contract agency should apply to this request as well. It should be noted that at no time during the 2015-16 grant period did the agency receive a penalty.
- 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; the housing facilities are already in operation and are owned in whole by the organization.

13. Requestor Contact Information:

- a. Name: George Taylor, Vice President
- b. Organization: National Veterans Homeless Support, Inc
- c. Email: georgejr@nvhs.us
- d. Phone Number: (321)615-2589

14. Recipient Contact Information:

- a. Organization: National Veterans Homeless Support, Inc
- **b. County:** Brevard
- c. Organization Type:
 - O For Profit
 - Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Entity
 - O University or College
 - O Other (Please specify)
- d. Contact Name: George Taylor, Vice President



- e. E-mail Address: georgejr@nvhs.us
- f. Phone Number: (321)615-2589
- 15. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: None
 - b. Firm: None
 - c. Email:
 - d. Phone Number: