



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1063

**1. Title of Project:** Homelessness Collaborative of Broward County

**2. Senate Sponsor:** Perry Thurston

**3. Date of Submission:** 01/30/2019

**4. Project/Program Description:**

The goal of this program is to provide financial assistance and services to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized. This program is a part of a collaborative effort of more than 40 public and private partners led by the City of Fort Lauderdale, Broward County, and the United Way of Broward County.

**5. State Agency to receive requested funds :** Department of Economic Opportunity

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>500,000</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	500,000	83.33%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	100,000	16.67%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>600,000</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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

a. If yes, indicate non-recurring amount per year. (future funding not contingent on this request)

**10. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
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<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Through collaborative partnerships, funds will be used for time-limited direct financial assistance for move-in expenses, rent, deposits, utilities, and other related costs. Ongoing casemanagement before, after, and during the Rapid Rehousing Program will also be provided.	500,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

**11. Program Performance:**

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

This program assists individuals experiencing homelessness primarily due to economic factors and who need little assistance beyond housing itself. Rapid Rehousing quickly gets a family/individual who is experiencing homelessness off of the street. It has been proven nationally that up to 85% of program participants do not return to homelessness.

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

The services provided to citizens include short-term or medium-term rental assistance, including utility deposit assistance, and appropriate support services, with case management, to help homeless individuals/families achieve self-sufficiency.

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

This program will provide time-limited direct financial assistance for move-in expenses, rent, deposits, utilities, and other related costs. Those served will receive ongoing case management before, during, and after the Rapid Rehousing Program including regular assessments to determine their level of self-sufficiency and progress toward achieving stable housing.

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

Approximately 50 families and individuals experiencing homelessness.

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



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#### **will be measured?**

The expected benefit is those helped will achieve self-sufficient stable housing. This will be measured by ongoing case management for clients served annually as well as regular assessments to determine level of self-sufficiency and progress toward achieving stable housing. This methodology reduces the long-term stress on shelter beds by saving them for the homeless population that requires more comprehensive assistance.

**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 in the contract?**

Reimbursement should be withheld for services not properly documented.

**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:** Laura Reece
- b. **Organization:** City of Fort Lauderdale
- c. **E-mail Address:** lreece@fortlauderdale.gov
- d. **Phone Number:** (954)828-5894

**14. Recipient Contact Information:**

- a. **Organization:** City of Fort Lauderdale
- b. **County:** Broward
- 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:** Yvette Matthews
- e. **E-mail Address:** ymatthews@fortlauderdale.gov
- f. **Phone Number:** (954)828-6103

**15. Lobbyist Contact Information**

- a. **Name:** Candice Ericks
- b. **Firm Name:** Ericks Consultants, Inc
- c. **E-mail Address:** candice@ericksconsultants.com
- d. **Phone Number:** (954)648-1204