



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1535

1. **Title of Project:** Homeless Veteran Housing Assistance - Brevard County

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 02/13/2019

4. **Project/Program Description:**

Funding requested is to provide operational support for two programs supporting homeless and at-risk veterans. The first program is a street outreach program (called Search and Rescue) where personnel go out into the streets of our community to locate, engage, and assist homeless/at-risk/low-income veterans and their dependents get into housing or prevent them from losing housing. Focus of program is 2 fold: 1st is to get unsheltered clients into housing programs to get them off the streets; second, is to prevent at-risk/low income veterans from becoming homeless who are facing imminent loss of housing or utilities, by reviewing their financial state, educating them on proper financial management, and intervening with funding needed to remain housed. The second program is our veteran supportive housing program which has a capacity to provide emergency/transitional/permanent supportive housing to 17 homeless veterans and their dependents simultaneously.

5. **State Agency to receive requested funds :** Department of Children and Families

State Agency Contacted? No

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

Type of Funding	Amount
Operations	190,000
Fixed Capital Outlay	
Total State Funds Requested	190,000

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)	190,000	55.71%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	151,050	44.29%
Total Project Costs for Fiscal Year 2019-2020	341,050	100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		150,000	347	No

9. **Is future-year funding likely to be requested?** No



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10. Details on how the requested state funds will 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 (Responsible for both Outreach and Housing Program): 48,619, 75% in Outreach, 25% in Housing. Data Entry (Responsible for data input into HUD Case Management System HMIS): 39,826, 75% in Outreach, 25% in Housing. Outreach Assistant (Part Time, Conducts/Organizes Outreach Activities with Volunteers): 16,380. Housing Manager (Manages client cases and facility maintenance activities in housing program): 38,472.	143,297
Expense/Equipment/Travel/Supplies/Other	Utilities (Property utilities for housing units, 4 in total): 22,000. Maintenance (Routine maintenance to upkeep housing units and properties): 20,703. Property Insurance (Property insurance for housing units, to include general liability for all 4 units): 4,000.	46,703
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		190,000

11. Program Performance:

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

The primary goals for these programs are to locate homeless and at-risk veterans in our community by 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 Coalition'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



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

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

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

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

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

The consensus cost to local/state governments throughout Florida for 1 homeless person to remain homeless for 1 year is \$31,065, which comprises of costs to law enforcement agencies, emergency rooms, jails, public works, etc...over the course of a year. The cost to house in a transitional facility averages \$7,000 annually per person. In 2017 47 veterans and 50 dependents were found in Brevard unsheltered during our biannual count, representing a annual cost of \$3M annually to taxpayers. Minimum ROI is calculated as followed: 190,000 requested from state, 25 clients from streets to our housing program alone reduces burden to tax payers \$601,625 per year, resulting in a minimum ROI for the state of 316%. Every client we assist get into their own housing or another agencies housing program via the outreach program only increases ROI. In 2018 we assisted nearly 250 clients, with a 90% success rate in getting them placed into a housing program within 30 days if homeless <6months.

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?

During our 2018-19 grant cycle, among several other performance measures, the agency was required to assist a minimum amount of clients monthly. If the agency failed to meet the minimum target, the amount submitted for reimbursement is 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 18-19 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

13. Requestor Contact Information:

- a. **Name:** George Taylor
- b. **Organization:** National Veterans Homeless Support, Inc.
- c. **E-mail Address:** georgejr@nvhs.org
- d. **Phone Number:** (321)208-7562



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14. Recipient Contact Information:

a. **Organization:** National Veterans Homeless Support, Inc.

b. **County:** Brevard

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:** George Taylor

e. **E-mail Address:** georgejr@nvhs.org

f. **Phone Number:** (321)208-7562

15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**