



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2472

1. **Title of Project:** PENSACOLA RE-ENTRY PORTAL

2. **Senate Sponsor:** Doug Broxson

3. **Date of Submission:** 03/05/2019

4. **Project/Program Description:**

RE-ENTRY ALLIANCE PENSACOLA, INC. ("REAP") OPERATES A FULL RE-ENTRY PROGRAM OFFERING TRANSITIONAL SERVICES FOR PERSONS RECENTLY RELEASED FROM FLORIDA STATE PRISON FACILITIES, OR WHO ARE UNDER THE SUPERVISION OF THE FDOC-PROBATION. SERVICES PROVIDED INCLUDE PICK-UP AT POINT OF RELEASE; INTAKE; NEEDS ASSESSMENT; DEVELOPMENT OF AN INDIVIDUALIZED RE-ENTRY PLAN; ASSISTANCE WITH TRANSPORTATION TO REGISTER AND FOR REPORTING TO PROBATION; PROVISION OF EMERGENCY FOOD AND CLOTHING; PROVISION OF NECESSARY HYGIENE ITEMS; REFERRAL TO LOCAL FOOD PANTRIES, COMMUNITY CLINICS, AND COUNSELING CENTERS; MENTORING; JOB READINESS TRAINING; JOB REFERRAL; HOUSING PROGRAM FOR MORE THAN 50 PROGRAM PARTICIPANTS ON A CONSTANTLY ROTATING CYCLE. OVER THE PAST THREE YEARS WE HAVE WORKED WITH MORE THAN 500 PARTICIPANTS IN OUR INTENSIVE CASE MANAGEMENT PROGRAM, WHILE MAINTAINING A RATE OF RECIDIVISM OF LESS THAN 13%.

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

State Agency Contacted? Yes

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

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	
Total State Funds Requested	300,000

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)	300,000	60.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	200,000	40.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	500,000	100.0%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2017-18		200,000	750	No



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9. Is future-year funding likely to be requested? Yes
- a. If yes, indicate non-recurring amount per year. \$300,000

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	SALARY, TAXES, BENEFITS FOR ED	78,010
Other Salary and Benefits	SALARY, TAXES, BENEFITS FOR TWO CASE MANAGERS AND WOMEN'S PROGRAM DIRECTOR	93,610
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	CASE MANAGEMENT AND CLIENT SERVICES COSTS	128,380
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		300,000

11. Program Performance:

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

OUR MISSION IS TO IMPROVE THE SAFETY AND QUALITY OF LIFE IN NORTHWEST FLORIDA BY ENABLING INDIVIDUALS RETURNING FROM INCARCERATION TO BE SELF-SUFFICIENT, CRIME-FREE, PRODUCTIVE CITIZENS AND NEIGHBORS. WE EXPECT TO ACHIEVE A SUBSTANTIAL REDUCTION IN THE TYPICAL RATES OF RECIDIVISM, REDUCING THE NEED FOR FUTHER INCARCERATION OF PROGRAM PARTICIPANTS, AND SAVING FLORIDA'S TAXPAYERS CONSIDERABLE EXPENSE.

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

RE-ENTRY ALLIANCE PENSACOLA (REAP) PROVIDES A COMPREHENSIVE PROGRAM OF TRANSITIONAL SERVICES STARTING WITH RECEPTION; INTAKE;; NEEDS ASSESSMENT, DEVELOPMENT OF AN INDIVIDUALIZED RE-ENTRY PROGRAM, TREATMENT, PROVIDING NEEDED HYGIENE ITEMS, CLOTHING AND FOOD, HOUSING, TRANSPORTATION, MENTORING, JOB COACHING, AND JOB REFERRAL; CRISIS HOTLINE TELEPHONE SERVICE.

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

TRANSPORTATION TO SCHEDULED/REQUIRED APPOINTMENTS; TRANSITIONAL HOUSING FOR MORE THAN 50 RESIDENTS ON A CONTINUALLY REVOLVING BASIS; IDENTIFICATION COSTS; EMERGENCY FOOD AND CLOTHING; HYGIENE ITEMS; TRANSPORTATION TO PLACES OF EMPLOYMENT; EMPLOYMENT REFERRAL TO MORE THAN 20 COOPERATING EMPLOYERS.



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

MEN AND WOMEN RECENTLY RELEASED FROM FLORIDA STATE PRISON FACILITIES OR UNDER SUPERVISION BY THE FDOC/PROBATION. WE EXPECT TO PROVIDE A FULL SPECTRUM OF TRANSITIONAL SERVICES TO MORE THAN 200 RETURNING CITIZENS ON AN ANNUAL BASIS.

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

WE EXPECT TO ACHIEVE A SUBSTANTIAL REDUCTION IN THE TYPICAL RATES OF RECIDIVISM, TO LESS THAN 15%, MEASURED TWO YEARS AFTER RELEASE. OUR GOAL WILL BE TO HAVE A INDIVIDUALIZED NEEDS ASSESSMENT AND RE-ENTRY PLAN FOR EACH PROGRAM PARTICIPANT WITHIN TWO BUSINESS DAYS AFTER RECEIPT. OUR GOAL IS TO HAVE EVERY PROGRAM PARTICIPANT HAVE A STABILIZED SOURCE OF LEGITIMATE INCOME WITHIN 90 DAYS AFTER COMPLETION OF INTAKE.

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?

PENALTIES MAY INCLUDE MONETARY PENALTIES OR PROGRAM REDUCTION IF DESIRED LEVELS OF ACHIEVEMENT IN SPECIFIC CATEGORIES ARE NOT MET.

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.

NOT APPLICABLE.

13. Requestor Contact Information:

- a. **Name:** VINCENT WHIBBS JR.
- b. **Organization:** RE-ENTRY ALLIANCE PENSACOLA, INC.
- c. **E-mail Address:** vincewhibbs@gmail.com
- d. **Phone Number:** (850)324-6667

14. Recipient Contact Information:

- a. **Organization:** RE-ENTRY ALLIANCE PENSACOLA, INC.
- b. **County:** Escambia
- 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:** VINCE WHIBBS JR
- e. **E-mail Address:** vincewhibbs@gmail.com
- f. **Phone Number:** (850)324-6667



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15. Lobbyist Contact Information

- a. **Name:** WANSLEY WALTERS
- b. **Firm Name:** BALLARD PARTNERS, INC.
- c. **E-mail Address:** wansley@ballardfl.com
- d. **Phone Number:** (850)577-0444