



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1017

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Touchstone Village Clay provides safe housing and transitional living services to homeless young adults 18-21 years of age. The program provide life skills training, employment opportunities, academic support and monitoring, and mental health counseling with the goal of eliminating homelessness while developing self-sufficiency skills. This program will also provide transitional living services and mental health counseling to young adults 18-21 who are at risk of becoming homeless and reside in Clay County. The program focus areas include trauma, mental health, substance abuse/use, bullying, education, violence, homelessness, family discord, LGBTQ-related concerns.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="200,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	200,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="200,000"/>	<input style="width: 80%;" type="text" value="95.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="10,000"/>	<input style="width: 80%;" type="text" value="5"/> %
Total Project Costs for Fiscal Year 2020-2021	210,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text" value="200,000"/>	<input style="width: 80%;" type="text" value="373"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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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	General overhead for program leadership which includes the 10% Program Director, 10% Director of Residential Services, 10% Finance Director, and 10% Program Assistant.	30,000
Expense/Equipment/Travel/Supplies/Other	Program overhead which includes general liability insurance, utilities which includes electric, water, telephone, rent for the house at \$750/month.	49,000
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Hire a full time Transitional Living Specialist to conduct Casey Life skills assessments, provide life skills training, monitor academic performance, provide transportation for resident appointments as appropriate, provide career development training; part-time mental health therapist to conduct mental health assessments, develop treatment plans, and provide mental health counseling; a stipend for the houseparents for the provision of daily living activities and supervision of residents.	85,000
Expense/Equipment/Travel/Supplies/Other	Resident activities, resident expenses, household supplies, food for meals in the home, preparation of home which includes new stove and washer/dryer, new paint, new carpet and laminate flooring, security camera system for the house, annual housing expense for maintenance of home.	36,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		200,000



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11. Program Performance

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

The purpose of the program is to provide safe housing to homeless young adults who are in school while providing life skills, employment opportunities, and mental health counseling with the goal of eliminating homelessness while developing self-sufficiency skills. To provide housing, transitional living skills, and mental health counseling and psychiatric care to 18 year olds who are homeless and are in school. This program will also provide transitional living services and mental health counseling to young adults 18-21 who are at risk of becoming homeless and reside in Clay County. The Touchstone Village program focus areas include trauma, mental health, substance abuse/use, bullying, education, violence, homelessness, family discord, LGBTQ-related concerns.

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

Young adults will receive the following with funds from this request:
Evidenced-based life skills assessment, which assists in identifying what skill sets young adults possess and what training is needed for self-sufficiency; career development training; life skills training; housing; meals; transportation; academic support; and monitoring.
Mental health therapy and psychiatric services, including medication management; resident activities, which may include movies, bowling, or any activity that assists in fostering healthy relationships; and resident expenses, which may include emergency funds for medication, clothing for employment uniform, school-related application fees, etc

c. What direct services will be provided to citizens by the appropriation project?

Each resident will be assessed utilizing the Ansell Casey Life Skills assessment, complete a treatment plan, receive a minimum of two life skills classes per week, receive career development training, opportunity for part time employment with Moosehaven or other local businesses, meals, mental health therapy, academic support which includes attending various appointments with the school, assisting in completing school-related documents, recreational activities, and civic activities with Moosehaven residents.

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

Young adults (residents) ages 18-20 who are homeless or at-risk of becoming homeless. The young adults may be experiencing mental health and physical health concerns, poor academic performance in high school or college/trade school, at-risk of dropping out of school, unemployed, economically disadvantaged, at-risk of entering the criminal system or have been in the delinquency system.

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

To improve the resident's mental health well-being by an improved FARS score after six months of therapy is received, improved academic performance through academic assistance services with school board personnel and stable housing which can impair one's performance, aid in the prevention of criminal activity, create job opportunities through career development training, and enhance or develop self-sufficiency skills.

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 are defined in the contract with the funding agency.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.