

LFIR # 1892

4	Drainat Titla	Drobon House						
Ί.	Project Title	Brehon House						
2.	Senate Sponsor	Loranne Ausley						
3.	Date of Request	12/08/2021						
4.	Project/Program Des	scription						
Established in 1992, Brehon House is transitional housing in Tallahassee that provides safe and secure housin homeless, pregnant women and their infants. Services are at no cost to the residents. The women are permitted children three years and younger to live with them. The women and children are provided a stable, nurturing, sa loving environment. Brehon House can accommodate six women plus their newborns and toddlers at any given time. The residents least 18 years or older, pregnant at the time of their enrollment, currently homeless or living in a dangerous environm which they wish to escape, have no criminal history that would pose a danger to themselves or others and abide by house rules. Brehon House has welcomed more than 600 homeless, pregnant women and children to Brehon House. Here to complete their education, receive job training, and learn to care for themselves and their children.							mitted to bring ng, safe and dents much be at s environment s and be willing to	
5.	State Agency to rece	eive requested funds	Departme	nt of Children	and Families	S		
	State Agency contac	ted? No						
6.	Amount of the Nonre	curring Request for Fisc	al Year 202	2-2023				
	Type of Funding				Amount]	

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	0
Total State Funds Requested	100,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	100,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	100,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9. Is future funding likely to be requested?

Yes

No

a. If yes, indicate nonrecurring amount per year.

100,000

b. Describe the source of funding that can be used in lieu of state funding.



LFIR # 1892

icit donations.		
-----------------	--	--

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

If yes, indicate the amount of funds received and what the funds were used for.

Brehon Family Services received \$59,000 in federal assistance during the Pandemic. These funds were used exclusively to keep Brehon House part-time staff employed. This allowed us to continue to keep keep our shelter open and provide services 24 hours a day.

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

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits	Project Head is .75 FTE	48,000			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits	Deputy Director is 1 FTE	52,000			
Expense/Equipment/Travel/Supplies/Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (m	ust equal total from question #6)	100,000			

12. Program Performance

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

The goal of Brehon House is to provide a life-changing experience for homeless, pregnant women and their infants. Brehon House is the only maternity home offering services exclusively to pregnant women in need of housing. Our transitional housing and self-sufficiency services provide prenatal services as well as post-natal services. Brehon House case management for residents provides nutrition classes, budgeting, connection to medical providers (obstetrician, pediatrician, mental health counseling and substance abuse counseling) and parenting.

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

The funds are intended to provide service sustainability for the women and infants at Brehon House.

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

Continuing to provide safe and secure transitional housing to women and children. Brehon House benefits all areas of the community by positively affecting two generations, Two of our main goals for our residents are to have healthy baby and to find more permanent housing. These goals cannot be achieved if the beginning years of life are compromised by homelessness, untreated mental health issues related to trauma, substance abuse and domestic violence.

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

The target population is homeless, pregnant women and their infants. We expect to serve at least 35 women and children each year.



LFIR # 1892

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

The expected benefit is the self-sufficiency of the women and children we serve. Case management tracts and records health date and gain of knowledge through pre and post tests. Brehon House provides instruction on budgeting, life management, employment skills, self-esteem, nutrition, smoking cessation, childbirth education and parenting 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 the contract?

Penalties include loss of funding.

13.	The owners of the facility	y to receive, c	directly or inc	directly, any fix	xed capital out	tlay funding. I	nclude the
	relationship between the	owners of the	ne facility and	I the entity.	•		

B 1 / A		
∣ N/A		
IN/A		
1 4/7 1		



LFIR # 1892

14.	Requestor Contact	Information				
	a. First Name	Shirley	Last Name	O'Rear		
	b. Organization	Brehon Institute for Family	Services, In	C.		
	c. E-mail Address	sorear@brehonfamilyserv	ices.org			
	d. Phone Number	(850)656-7110	Ext.	1		
15.	Recipient Contact	Information				
	a. Organization	Brehon Institute for Family	Services, In	C.		
	b. Municipality and	d County Leon				
	c. Organization Ty	ре				
	□For Profit Entity					
	☑Non Profit 501(c	:)(3)				
	□Non Profit 501(c	:)(4)				
	□Local Entity					
	□University or Co	llege				
	□Other (please sp	pecify)				
	d. First Name	Shirley	Last Name	O'Rear		
	e. E-mail Address	sorear@brehonfamilyserv	ices.org			
	f. Phone Number					
16.	16. Lobbyist Contact Information					
	a. Name	None				
	b. Firm Name	None				
	c. E-mail Address					
	d. Phone Number					