



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2595

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

4. Project/Program Description

Pathways to Home, a program of Embrace Families Solutions Inc., will locate and secure permanent housing for 20 child welfare-involved families over a 12-month period who are experiencing homelessness. In addition to needs-based financial assistance, families will participate in intensive housing case management to address goals for self-sufficiency, including to career training, childcare, job placement support, financial literacy training, landlord/tenant mitigation, childcare options, payment of moving costs, rent assistance, utility assistance, case planning; safety planning; financial literacy education and referrals to supportive services such as employment, mental health, behavioral health, substance abuse services.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	488,074
Fixed Capital Outlay	0
Total State Funds Requested	488,074

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)	488,074	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	488,074	100%

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

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

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	N/A	0
Other Salary and Benefits	Case Manager Supervisor (.10 FTE) for supervision of the case manager for this project and assurance of quality services provided to families served. Salary \$5,150; Taxes \$433; Benefits \$940	6,523
Expense/Equipment/Travel/Supplies/Other	Indirect Administrative Costs (10% of expenses)	44,370
Consultants/Contracted Services/Study	N/A	0
Operational Costs: Other		
Salary and Benefits	Case Manager (1 FTE) to provide direct housing stabilization services to 20 families over a 12-month period. Salary \$36,000; Taxes \$3,028; Benefits \$8,704. Housing Locator (.36 FTE) to identify and secure permanent housing for participating families \$16,366.	64,098
Expense/Equipment/Travel/Supplies/Other	Financial Assistance to 20 Families \$360,858 - Includes needs-based rental assistance, rental/utility deposits, rental application fees and funds for childcare, adult education and transportation to remove barriers to self-sufficiency; Office Supplies \$100; Project FTE Cell Phone \$964; Project FTE; Occupancy \$7,358; Case Manager Travel (mileage and tolls) \$2,703; Computer \$1,000; Background \$100.	373,083
Consultants/Contracted Services/Study	N/A	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	N/A	0
Total State Funds Requested (must equal total from question #6)		488,074

12. Program Performance

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

Pathways to Home, a program of Embrace Families, will locate and secure permanent housing for 20 child welfare-involved families who are experiencing homelessness.

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

In addition to needs-based financial assistance, families will participate in intensive housing case management to address goals for self-sufficiency, including career training, job placement support, financial literacy training, landlord/tenant mitigation, and childcare options.

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

Services to be provided are housing location services; payment of moving costs, rent assistance, utility assistance, and education costs; budgeting; case planning; safety planning; financial literacy education; and referrals to supportive services such as employment, mental health, behavioral health, substance abuse services.

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



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Child Welfare involved families living in Orange, Seminole and Osceola Counties. Specifically, persons with poor mental/ physical health, unemployed and economically disadvantaged persons, at-risk youth, homeless populations, developmentally disabled, drug users, and pre-school through high school students/ children. An estimated 51 to 100 families will be served.

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

To improve mental health, quality of education, increase or improve economic activity, enhance the individual's economic self-sufficiency, reduce recidivism rates, and reduce substance abuse.

Each family will show an increase in their matrix score of at least one point across all domains between the time of intake and time of exit from the program. (Methodology: Comparison of scores in the mental health domain on the Arizona Self-Sufficiency Matrix assessment tool (1 - 5 pt. range)).

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?

Discussion with Department on why measurements were missed and placed on a Corrective Action Plan if needed to allow opportunity for corrections to be made.

13. 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



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14. Requestor Contact Information

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

15. 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

16. Lobbyist Contact Information

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