



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1217

1. Project Title RE-ENTRY ALLIANCE PENSACOLA, INC. RE-ENTRY PORTAL (Santa Rosa, Okaloosa, Walton and Bay Counties)

2. Senate Sponsor Doug Broxson

3. Date of Request 02/09/2023

4. Project/Program Description

Continuation of funding for Santa Rosa, Okaloosa, Walton and Bay Counties Re-Entry Portal, providing a complete program of transitional re-entry services, including housing, case management, registration, and job assistance for recently released men and women returning to Santa Rosa, Okaloosa, Walton and Bay Counties.

5. State Agency to receive requested funds Department of Corrections

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	150,000	60%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	40%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	250,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	100,000		No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 150,000

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

Local Foundations, private individual support, faith based organizations, programmatic fees, and in-kind donations.

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

Yes



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

Emergency shelter funding, Rapid Re-Housing, Transient housing funding in the approximate amount of \$650,000.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director salary and benefits.	25,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salaries for 2 positions: Director of Housing and Employee Relations; Salaries for a Certified Addiction Specialist.	102,000
Expense/Equipment/Travel/Supplies/Other	Rent and utilities for satellite office.	15,000
Consultants/Contracted Services/Study	Client support includes identification, birth certificates, driver's licenses, prescription co-pays, clothing and tools for work, transportation expenses, insurance expenses, emergency food and clothing.	8,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		150,000

14. Program Performance

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



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To continue the funding of a re-entry portal primarily serving Santa Rosa, Okaloosa, Walton and Bay Counties with a comprehensive re-entry program for men and women including housing, transportation, case management, substance abuse counseling, and job assistance, serving approximately 500 recently released men and women.

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

Complete intake, needs assessment, development of an individualized re-entry plan, registration with sheriff and probation offices, identification assistance, supportive housing, job referral and employment assistance, assistance with clothing and required tools.

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

Intake registration, needs assessment, development of an individualized re-entry plan, registration with sheriff and probation offices, obtaining ID cards and driver's licenses, payment of co-pay for prescribed medication, clothing, hygiene items, bedding supplies, supportive housing, case management, and transportation assistance including bus passes and private vehicle driver.

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

Men and women returning to northwest Florida from state prisons. An estimated 500 individuals will require some type of services, including 75-100 needing supportive housing.

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

Adequately funded community-based re-entry programs will result in a substantial reduction in the rate of recidivism. REAP maintains intake and termination records on all clients for a period of three years from date of intake and regularly uses reports from local law enforcement agencies, FDOC and FDLE, for follow up and update after termination of services.

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?

Typically contracts with FDOC provide for monetary penalties for failure to timely submit required reports and for failing to meet identified performance objective regarding completion of programs and rate of recidivism.

15. Requester Contact Information

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

16. 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



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☐ University or College

☐ Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number