

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2367

| 1. Project Title | The Bridge Homeless Shelter - Volusia County |
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| | |

2. Senate Sponsor Tom Wright

3. Date of Request 03/01/2023

4. Project/Program Description

The City of DeLand constructed a 6,500 sq ft facility that houses 30 crisis shelter beds, and includes a commercial kitchen, showers, a laundry, and a day center. The city partnered with the Neighborhood Center of West Volusia to manage the day-to-day operations of the facility, which opened in 2020. The day center includes Coordinated Entry, Case Management, Job Counseling, Mental Health Counseling, Basic Medical, Food, Showers, Laundry and an array of services specifically oriented to serve the population. The facility also provides a platform for which we can provide immediate housing (Housing First). Since opening, the Bridge has found housing for 261 individuals, 364 have found work, and served 98,696 meals using over 50,000 volunteer hours. The City of Deland is requesting \$500,000 to assist with the long-term viability of the program.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? No

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

| Type of Funding | Amount |
|-----------------------------|---------|
| Operations | 500,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 500,000 |

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) | 500,000 | 45% | |
| Matching Funds | | | |
| Federal | 0 | 0% | |
| State (excluding the amount of this request) | 0 | 0% | |
| Local | 606,154 | 55% | |
| Other | 0 | 0% | |
| Total Project Costs for Fiscal Year 2023-2024 | 1,106,154 | 100% | |

8. Has this project previously received state funding?

| Fiscal Year | Amount | | Specific | Vetoed | |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| | | | | | |
| | I | | | | |

9. Is future funding likely to be requested?

| Yes | |
|-----|--|
| | |

No

a. If yes, indicate nonrecurring amount per year.

TBD

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



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The Bridge has been funded primarily from donations from business, churches, and local governments in West Volusia. However, we have reached a limit on the amount of funding that can be raised locally and with the increasing costs of the Bridge, state funding is requested to ensure the continued operation of the shelter.

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.

| \$40,590 US Dept of Justice JAG 2020-BD-BX-0278 - personal protective gear |
|---|
| \$69,000 USDOT/FAA Airport CARES ACT Funds - misc airport operating expenses |
| \$1,212,735 US Dept of Treasury Coronavirus Relief Funds - firefighter's regular salaries |
| \$1,322,325 Total awarded funds for FY2020 |

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

OPlanning ODesign OConstruction

- 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 | The Neighborhood Center's Chief Executive Officer directly responsible for agency accountability of The Bridge's operations to the City of DeLand and its adherence to policy protocol. | 17,632 |
| Other Salary and Benefits | The Neighborhood Center's Chief Financial Officer is responsible for annual budget and quarterly reporting/invoicing for The Bridge. In addition, CFO manages all financial aspects of The Bridge on a monthly basis. | 72,895 |
| | The Neighborhood Center's Chief Operating Officer is responsible for the direct supervision of The Bridge Director and adherence to policy and procedure. | |
| | The Bridge Director is responsible for all the day-to day operations and well as the supervision of all staff. | |
| Expense/Equipment/Travel/Supplies/ Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |



| Operational Costs: Other | | |
|---|--|---------|
| Salary and Benefits | Salaries for all case management and shelter coordinators (including payroll taxes, health care and worker's compensation). | 302,067 |
| Expense/Equipment/Travel/Supplies/ Other | Personnel Development; Occupancy Costs; Computer Support; Offices Services (file shredding); Equipment/Furniture & Vehicle Expenses; Building Expenses (janitorial, pest control, waste removal, repairs & maintenance); Auto Insurance; Direct Client Care; General Operating Costs (office supplies, printing, program supplies, fuel costs, postage) | 107,406 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| Fotal State Funds Requested (must equal total from question #6)500, | | |

14. Program Performance

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

To provide long term sustainability for a much needed community service. Treating homelessness in the early stages is less costly for governments and the community due to early case management.

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

Coordinated Entry, Case Management, Job Counseling, Mental Health Counseling, Basic Medical, Food, Showers, Laundry and an array of services specifically oriented to serve the population. The facility also provides a platform for which we can provide immediate housing (Housing First). The goal is to find permanent housing within 90 days.

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

Coordinated Entry, Case Management, Job Counseling, Mental Health Counseling, Basic Medical, Food, Showers, Laundry and an array of services specifically oriented to serve the population.

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

The target population is any person or family that could (or are) experience homelessness. To date, the Bridge has found housing for 261 individuals, 364 have found work, served 98,696 meals. All with the help of over 50,000 volunteer hours since inception. The Bridge is a program that is utilized by all of West Volusia, which includes: DeLand, Orange City, Deltona and our neighboring jurisdictions.

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

To reduce homelessness in DeLand and West Volusia. The measurements are number of individuals where housing is found, number of individuals that have found work, and the number of meals served.

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?

Any penalty would adversely impact services rendered due to budgeting, but if something were to be considered it could be a percentage reduction in overall funding if certain agreed upon benchmarks are not met from the data cited above in question 14 e.

15. Requester Contact Information

| a. First Name | Mike | Last Name | Grebosz |
|-----------------|----------------|-----------|---------|
| b. Organization | City of DeLand | | |



LFIR # 2367

| c. E-mail Address | greboszm@deland.org | | | | | |
|----------------------------------|--|------------|---------|--|--|--|
| d. Phone Number | (386)626-7110 | Ext. | | | | |
| 16. Recipient Contact | Information | | | | | |
| a. Organization | City of DeLand | | | | | |
| b. Municipality and | d County Volusia | | | | | |
| c. Organization Type | | | | | | |
| Ger Profit Entity | | | | | | |
| □Non Profit 501(c | c)(3) | | | | | |
| □Non Profit 501(c | 5)(4) | | | | | |
| □Local Entity | | | | | | |
| □University or Co | llege | | | | | |
| ⊠Other (please s | ØOther (please specify) Local Government | | | | | |
| d. First Name | Mike | Last Name | Crobooz | | | |
| u. First Name | IVIIKe | Last Maine | Grebosz | | | |
| e. E-mail Address | greboszm@deland.org | | | | | |
| f. Phone Number | (386)626-7110 | | | | | |
| 17. Lobbyist Contact Information | | | | | | |
| a. Name | Jonathan Alexander Setze | er | | | | |
| b. Firm Name | Florida Alliance Consulting LLC | | | | | |
| c. E-mail Address | setzer@flallianceconsulting.com | | | | | |
| d. Phone Number | (407)709-2324 | | | | | |