

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

LFIR # 2640

1. Project Title Youth Homelessness Demonstration Program

2. Senate Sponsor Linda Stewart

**3. Date of Request** 02/21/2023

#### 4. Project/Program Description

The Youth Homelessness Demonstration Program is a historic opportunity to end homelessness for Central Florida youth age 18-24 as well as unaccompanied youth and pregnant or parenting teens. The program seeks to identify the youth, provide a variety of stable housing options and offer physical and mental health care, educational and vocational opportunities, mentoring and additional services to help ensure they remain housed and work toward self-sufficiency.

5. State Agency to receive requested funds

Department of Economic Opportunity

State Agency contacted? No

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

Type of Funding	Amount
Operations	1,150,000
Fixed Capital Outlay	850,000
Total State Funds Requested	2,000,000

#### 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)	2,000,000	31%	
Matching Funds			
Federal	4,200,000	66%	
State (excluding the amount of this request)	0	0%	
Local	167,000	3%	
Other	0	0%	
Total Project Costs for Fiscal Year 2023-2024	6,367,000	100%	

8. Has this project previously received state funding? No

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

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.

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

No

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



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\$314,338 from federal PPP (forgiven Oct. 18, 2021); \$5,687,603 from Florida DCF; \$1,468,431 from Orange County Treasury; \$507,183 from CDBG COVID; and \$3,110,087 from local jurisdictional COVID Emergency Shelter Grants. Funds were used to cover payroll, purchase COVID testing supplies and PPE, pay for hotel rooms to isolate homeless shelter residents exposed to or infected with COVID, provide rapid rehousing for newly homeless families and individuals and to prevent additional homelessness.

### **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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Youth Project Manager (1 FTE), Youth Project Coordinator (1 FTE), Youth Peer Specialist (3 FTE), Youth Homelessness Comm. Coordinator (1 FTE); Youth System Navigators (4 FTE), Youth Outreach Team (2 FTE), Youth Diversion Specialist (1 FTE), Youth SOAR Specialist (1 FTE), Youth Education Coordinator (1FTE).	890,000
Expense/Equipment/Travel/Supplies/ Other	Training/Youth Stipends, IT infrastructure and equipment	200,000
Consultants/Contracted Services/Study	RFA Consulation/Monitoring/Evaluation	60,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Youth HUB Improvements/retrofit/furnishings Housing Option Captial Improvements (Shared/Transitional/RRH Housing Projects)	850,000
Total State Funds Requested (m	ust equal total from question #6)	2,000,000

#### 14. Program Performance

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



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Identification of youth and young adults (18-24) who are living in shelters, cars or places not suited for human habitation, or those who are "sofa-surfing" by repeatedly moving between homes; helping them connect to case managers; providing suitable physical and behavioral health care; providing stable housing; providing educational and vocational training; providing employment services. The ultimate goal is to ensure that these youth do not continue on a path of homelessness but rather become stable, self-sufficient citizens.

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

1. Provide early implementation planning & required matching funds for \$8.4mil HUD Youth Homelessness Demonstration Program. 2. Design network of services and train competent contractors capable of identifying and serving all unaccompanied homeless youth age 16-24. 3. Increase choice of diverse and flexible housing options for youth experiencing homelessness. 4. Increase wellbeing, permanent connections, access to education/career planning. 5. Staff team community navigators and specialists.

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

Case management; care navigation; day services (showers, clothing, hygiene, technology access, emergency shelter); healthcare access; employment resources, career coaching, post-secondary educational access and support; mental health counseling; affordable housing.

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

Homeless young adults ages 18-24, homeless unaccompanied teens, and homeless youth who are pregnant or parenting. The projected number is more than 800.

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

#### be measured?

1. Refer 75 youth to youth-oriented mental-health and substance-use services. Measure via Homeless Management Information System, the region's database on people experiencing homelessness who have applied for help, or via a new database specifically designed for the Homeless Youth Demonstration Program.

2. Support 75 youth experiencing homelessness to enroll in college classes or vocational training geared toward a degree or certification. Measure via HMIS tracking of enrollment and progress toward degree or certification (or via new database specifically for YHDP).

3. Move 100 unaccompanied homeless youth into permanent housing with support services. Measure via HMIS.

# 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?

Deliverables and performance measures should anticipate a ramp-up in spending as this is a new project that will require engaging schools and universities, workforce programs, healthcare providers, host homes and private-sector housing partners. As funds will be used to match federal grant, penalties should involve reducing available funding but should not include non-reimbursement of already incurred expenses.

#### **15. Requester Contact Information**

a. First Name	Brian	Last Name	Postlewait
b. Organization	Homeless Services Network of Central Florida		
c. E-mail Address	brian.postlewait@hsncfl.org		
d. Phone Number	(407)893-0133	Ext.	621

#### 16. Recipient Contact Information

a. Organization Homeless Services Network of Central Florida

b. Municipality and County Orange

c. Organization Type



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Ger Profit Entity				
⊠Non Profit 501(c	☑Non Profit 501(c)(3)			
□Non Profit 501(c	□Non Profit 501(c)(4)			
Local Entity	□Local Entity			
University or Co	□University or College			
□Other (please specify)				
d. First Name	Martha	Last Name	Are	
e. E-mail Address	martha.are@hsncfl.org			
f. Phone Number	(407)893-0133			
17. Lobbyist Contact Information				
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d. Phone Number				