

Other

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 1215

1. Project Title	Permanent Supportive & Afford	lable Housing - CASL (F	enaissance)	
2. Senate Sponsor	Jim Boyd			
3. Date of Request	2/11/2025			
4. Project/Program De	escription			
in their communities. aging out of foster ca reduce homelessnes independence and a	fordable housing and supportive and program will serve Floridians are, and adults with intellectual/dess, reduce recidivism to homeless whieve permanent, safe, affordable fair market housing is not affordable 80 percent.	s with severe mental heavelopmental disabilities. ness, jails, CSUs, and he e housing. Approximate	olth disorders, veteran The model is designe Dispitals by helping pe 190% of our resident	is with disabilities, youth ed to prevent and ople attain is have an income of \$0
5. State Agency to red	eive requested funds Dep	artment of Children and	Families	
State Agency conta	•			
	ecurring Request for Fiscal Yea		ount	
Type of Funding Operating		All	3,000,000	
Fixed Capital Outlay			0,000,000	
Total State Funds F	Requested		3,000,000	
	or Fiscal Year 2025-2026 (includ	ling matching funds av	, ,	ect)
Type of Funding		Amount	Percentage	
Total State Funds Re	equested (from question #6)	3,000,000	37%	
Matching Funds				
Federal		2,965,565	35%	
State (excluding the	amount of this request)	1,361,779	16%	
Local		609.896	7%	

8. Has this project previously received state funding? If yes, provide the most recent instance:

Total Project Costs for Fiscal Year 2025-2026

Yes

443,008

8,380,248

5%

100%

	Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)		Recurring	Nonrecurring	Appropriation #		
	2024-25	0	1,500,000	377	No	

9.	ls	future-vear	fundina	likely to	be	requested?
٠.	13	ratare year	rununng	iinciy to	DC	requesteu:

Yes

a. If yes, indicate nonrecurring amount per year.

3,000,000

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

Currently, there are no sources of funding that can be used in lieu of state funding.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

U.	Status of Const	ruction					
8	a. What is the cu	ırrent phase of t	he project?				
	Planning	O Design	Construction	O N/A			
k	o. Is the project	"shovel ready" ((i.e permitted)?				
(. What is the es	stimated start da	te of construction?				
(d. What is the es	stimated comple	tion date of construc	ction?			
•	e. What funding	stream will be u	sed for ongoing ope	rations a	and maintenance o	of the project?	
11.			o receive, directly or rs of the facility and			Il outlay funding. Include	the
			is a marketing and		<i>,</i> -		

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

Spending Category	Description	Amount				
Administrative Costs:	Administrative Costs:					
Executive Director/Project Head Salary and Benefits	Oversight - supervision and management of operations to ensure staff provide high quality, evidenced based services, program outcomes are met, and services meet quality standards	150,000				
Other Salary and Benefits	Data analyst and accountant to ensure data collection and submission, auditing and fraud prevention, completion of required financial reports	100,000				
Expense/Equipment/Travel/Supplies/Other		0				
Consultants/Contracted Services/Study		0				
Operational Costs						
Salary and Benefits	Program staff (direct service providers)	2,494,000				
Expense/Equipment/Travel/Supplies/ Other	Facilities, Technology, Vehicles, Insurance, Fuel, Supplies, Training, Health records, Incidentals	256,000				
Consultants/Contracted Services/Study		0				
Fixed Capital Construction/Majo	r Renovation:					
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (m	ust equal total from question #6)	3,000,000				

13. Program Performance

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



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CASL will provide affordable housing and supportive services which will ensure people have access to permanent housing in their communities. The model is designed to prevent and reduce homelessness, reduce recidivism to homelessness, jails, CSUs, and hospitals by helping people attain independence and achieve permanent, safe, affordable housing.

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

Permanent housing (e.g. homes/duplexes/apartments), case management, care coordination, crisis intervention, supportive housing/living, financial management, peer support, outreach, transportation, and benefits management services; as well as, advocacy on behalf of the clients in an effort to mitigate challenges, barriers, and obstacles enable to ensure clients achieve and maintain permanent housing in the community.

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

Our case managers provide the services listed in 13b directly to clients helping them develop literacy skills, job skills, budgeting, healthcare access, transportation, accessing community resources and services, computer skills, nutrition and meal planning, communication skills, personal hygiene and home management, and security and safety management.

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

The populations served include adults with mental health disorders, substance use disorders, veterans with disabilities, youth aging out of foster care, adults with intellectual/developmental disabilities, and adults who are homeless and have one or more disabling conditions. CASL expects to serve 1200+ people.

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

The project offers housing and supportive services, ensuring the basic need of having shelter is achieved by program participants; thereby assisting the State of Florida with reducing homelessness and managing and improving the system of care. Individuals must have shelter to avail themselves of mental health, addiction, educational, vocational, and medical services. The outcomes will be measured by individuals served and remaining in an independent living situation (permanent supportive housing).

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 in the contract?

DCF requires services and people served to be unloaded/maintained in FASAMS. Managing Entity's require this information be uploaded in their systems to ensure the number of services provided equals or exceeds the invoiced amount ensuring that billing matches data. If there is not enough data uploaded into their system to indicate services provided per contract requirements, MEs reduce the payment to the provider. CASL has consistently exceeded the outcomes and contract requirements with 100% reporting compliance.

OL	atcomes and contract requirements with 100% reporting compliance.
14. Is 1	this project related to mitigation, response, or recovery from a natural disaster? No
a. If	Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	s the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received



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□ No				
☐ No, but intends to	o apply			
·	e FEMA project workshee	et ID#:		
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b. Provide the total	project cost listed on the	FEMA proje	ect worksheet:	
16. Has the entity app	lied for or received state	assistance f	or this project (other tha	an this request)?
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends to	o apply			
a. If yes, specify the	e program and state agen	ıcy (ex. Loca	I Government Emergen	cy Bridge Loan, Department o
Commerce):				
17. Requester Contact	t Information			
a. First Name	Melissa	Last Name	Larkin-Skinner	
b. Organization	Community Assisted and	Supported Liv	ving, Inc.	
c. E-mail Address	melissa.larkin-skinner@ca	aslinc.org		
d. Phone Number	(941)720-4826	Ext.		
49 Pasiniant Contact	Information			
18. Recipient Contact a. Organization	Community Assisted and	Supported Liv	vina.	
_	Inc.		, 9 ,	
b. Municipality and	d County Statewide			
c. Organization Typ	ре			
□For Profit Entity				
☑Non Profit 501(c	c)(3)			
□Non Profit 501(c	c)(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			



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d. First Name	Melissa	Last Name	Larkin-Skinner			
e. E-mail Address	melissa.larkin-skinner@caslinc.org					
f. Phone Number	(941)720-4826 Ext.					
19. Lobbyist Contact I	19. Lobbyist Contact Information					
a. Name	Tracy Hogan Mayernick					
b. Firm Name	The Mayernick Group LLC					
c. E-mail Address	tracy@themayernickgroup.com					
d. Phone Number	(850)445-3000					

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.