

1. Project Title

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

**LFIR # 1695** 

	and Uninsured		
2. Senate Sponsor	Clay Yarborough		
3. Date of Request	2/12/2025		
4. Project/Program D	escription		
7 days a week. We that serves the work	provide case management s king poor of Duval and north our 650 clients/patients per	ne homeless in Jacksonville Beach. We provide meals, of services for homeless clients. We also operate a free an ern St. Johns who are uninsured. This funding would he year and provide a remodel to our client dining room, we	nd charitable clinic elp us continue to
5. State Agency to re	ceive requested funds	Department of Children and Families	

Mission House-Emergency Care and Medical Services for the Homeless

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

**State Agency contacted?** 

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	50,000
Total State Funds Requested	300,000

#### 7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	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 2025-2026	300,000	100%

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

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

9.	Is futu	re-vear	funding	likely to	be	requested?

Yes

No

a. If yes, indicate nonrecurring amount per year.

250,000

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

Mission House raises 70% of our annual budget through individual donations from generous community members. The other 30% come from local grants.



10. Status of Construction

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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the current phase of the project?						
<ul><li>Planning</li></ul>	O Design	Construction	O N/A			
b. Is the project "shovel ready" (i.e permitted)?						
c. What is the est	c. What is the estimated start date of construction?					
d. What is the estimated completion date of construction? 09/01/2025						
e. What funding stream will be used for ongoing operations and maintenance of the						

he project?

Agency general revenue will be used for maintenance, 70% of our annual budget comes from generous community donations. Funds will be set aside for maintenance purposes.

11. 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.

As a 501(c)3 non-profit agency, Mission House does not have an owner, but a 17 member volunteer board of directors.

#### 12. 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 (1 FTE Prorated to 30%)	31,000
Other Salary and Benefits	Homeless Services Director Salary (1 FTE)	59,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Mental Health Counselor 1 FTE-\$65,000, 1 Case Manager (prorated to 50%)-\$23,000, Mental Health Medical Assistant 1 FTE-\$36,000, 1 FTE Homeless Services Program Assistants-\$36,000	160,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Remodel of the main dining room space where homeless clients are served meals 7 days a week. This renovation will allow us to update this area to a more modern facility and provide a warm space in the winter and cool space in the summer for the street homeless while they wait for our case management services.	50,000
Total State Funds Requested (m	ust equal total from question #6)	300,000

#### 13. Program Performance

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



□ No, but intends to apply

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The purpose is to provide meals, clothing and showers 7 days a week. We provide case management services for homeless clients. We also operate a free and charitable clinic that serves the working poor of Duval and northern St. Johns who are uninsured.

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

The purpose of the funds will be to provide direct services and program administration to both our Crisis Care program and our Clinic program. The mental health counselor would be available free of charge to our homeless clients and clinic patients, a resource that is desperately needed. The remodel will serve our homeless clients by upgrading the area they spend much of their time in.

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

Direct services include case management (ID retrieval, job referral, benefit review) daily fresh meals, shower facility access, clean clothes and toiletries for the homeless. It includes free medical care and free prescription medication (non-narcotic only) care for the uninsured. Also included is free mental health counseling for both the uninsured and the homeless populations in the area.

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

We expect to serve 650 individuals with this funding in the categories of Homeless, Disabled (physically and mentally), jobless persons, and persons with poor mental and physical health.

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

The benefits include providing case management services to lead to better life outcomes. (referral to substance abuse treatment, help with job placement, clean clothes and meals) and will be measured by the number of clients served annually. For the clinic side, the goal is to serve 300 people each year providing 50 visits per month. Success will be measured by amount of patient visits each year. Mission House values the clinic visit at \$416 each visit. Emergency room visits in Florida average \$3100/visit often covered by the taxpayers. Each year, Mission House clinic saves taxpayers or hospitals an estimated \$2.7 million by providing visits for patients who otherwise would require uninsured hospital care.

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?

101	railing to meet deliverables or performance measures provided for in the contract?
Α	gency will follow all guidelines as required in the contract.
14. Is t	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	ame 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?
<b>"</b>	Yes, Applied
<b>"</b>	Yes, Received
	No



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a. If yes, provide th	e FEMA p	project workshee	et ID#:		
b. Provide the total	project c	ost listed on the	e FEMA proj	ect worksheet:	
16. Has the entity app	olied for o	r received state	assistance	for this project (other tha	ın this request)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends t	o apply				
a. If yes, specify th Commerce):	e progran	n and state ager	ncy (ex. Loca	al Government Emergend	cy Bridge Loan, Department o
17. Requester Contact	t Informat	ion			
a. First Name	Lucas		Last Name	Seilhymer	
b. Organization	Mission I	House			
c. E-mail Address	Iseilhyme	er@missionhouse	ejax.org		
d. Phone Number	(904)241	-6767	Ext.	114	
18. Recipient Contact	Informati	on			
a. Organization	Mission I				
b. Municipality and	d County	Duval			
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Lucas		Last Name	Seilhymer	
e. E-mail Address	Iseilhyme	er@missionhouse	ejax.org		
f. Phone Number	(904)241	-6767	Ext.	114	



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19. Lobbyist Contact I	nformation	
a. Name	None	
b. Firm Name		
c. E-mail Address		
d. Phone Number		

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