



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2783

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Bridge housing for unsheltered homeless persons with special needs to include homeless persons with serious mental illness or co-occurring disorders and those in need of medical respite care while recovering from an illness or injury. This program is for homeless persons in need of stabilization in a non-congregate, site-based setting. Persons placed are likely to have had a history of frequent police interactions and/or multiple hospitalizations. Housing this population reduces or eliminates frequent jail and hospital stays and provides a specialized housing solution for unsheltered single adults.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operating	562,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>562,000</b>

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)	562,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	562,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,124,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	562,000	355	No

9. Is future-year funding likely to be requested?  No

a. If yes, indicate nonrecurring amount per year.

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

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



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**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?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**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.**

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Management oversight	10,725
Other Salary and Benefits	Contract management, billing and reporting, operations	25,125
Expense/Equipment/Travel/Supplies/Other	Office: supplies/computers/software, utilities, R&M, security	20,350
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Salary and Benefits for 1.0FTE Case Manager, 1 FTE behavioral health clinician, 0.5 RN	188,500
Expense/Equipment/Travel/Supplies/Other	Direct support - housing rental costs, move-in expenses, furniture, food vouchers, bus passes, utility expenses and life skills. Program expenses - supplies, mileage reimbursement/transportation, security, repair and maintenance;	317,300
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>562,000</b>

**13. Program Performance**

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

The goal is to rapidly place unsheltered clients with serious mental illness or co-occurring disorders and homeless persons who have a history of arrests and/or frequent police interactions and/or hospitalizations into bridge housing that is pre-identified, site based and offers specialized supports. As clients stabilize, acquire benefits and necessary documentation, they can be moved into other permanent destinations, including but not limited to Assisted Living Facilities, skilled nursing facilities, reunified with family or friends, or moved to non-time limited permanent supportive housing.



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

1. Bridge Housing: Non-congregate, time-limited housing for homeless individuals coming off the streets with behavioral health or co-occurring disorders or from a hospital with an individual in need of medical respite care while recovering from an illness or injury.
2. Case Management and Service Navigation: These services are geared towards stabilizing the individuals by connecting them to employment, mainstream services and supports and housing.
3. Clinical services: Behavioral health treatment to support stabilization in permanent housing.
4. Housing Navigation: Housing Navigators will be used to recruit landlords and secure leases for safe, affordable units in close proximity to the amenities needed by the clients as a long term option.

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

1. Site-based housing: Bridge housing in individual rooms and shared bathroom for up to 24 clients coming off the streets or exiting a hospital for medical respite care while recovering from an illness or injury. Meals will be provided.
2. Case Management and Services: Geared towards stabilizing the individuals by connecting them to mainstream services and supports. This includes benefits and employment assistance as well as support to navigate healthcare, continued psychiatric care for mental health issues and other social services.
3. Clinical services: Individual and/or group therapy for clients while living at the program location to address medical and/or behavioral health issues in support of stabilization in permanent housing.
4. Housing Identification: through the identification and recruitment of landlords, housing navigators will find safe and affordable units in close proximity to the amenities needed by the clients, and that meet client's needs

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

Unsheltered homeless persons with special needs including serious mental illness or co-occurring disorders or those existing hospitals and in need of medical respite care to recover from an illness or injury. This program will provide bridge housing assistance and specialized wrap around support services in a site-based setting with individual rooms and shared bathrooms.

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

Individuals who remain linked to program services and successfully transition into permanent housing will demonstrate significantly lower rates of return to homelessness, reducing the cost on safety nets services by these high system users including emergency rooms, crisis units, criminal justice and homeless services. The following measures will be used to measure these outcomes:

1. Persons served who gain economic self-sufficiency or maintain/improve economic self-sufficiency while enrolled in the program (Target: 8% of persons served obtain new or increase income).
2. Number of persons served (clients can roll over from year to year). (Target: 48 persons served each year)
3. Persons retaining permanent housing (Target: 90% of participants retain or move into other Permanent 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?**

Failure to meet deliverables will result in nonpayment.

**14. Is 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 infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**



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**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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)



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- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

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.*