



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2937

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

Founded in 1992, Brehon House provides safe, transitional housing for unhoused, pregnant women and their infants in Tallahassee. At no cost to residents, the program offers a stable, nurturing environment with comprehensive services aimed at improving outcomes for both mothers and children.

Brehon House accommodates six women, along with their newborns and toddlers, at a time. Eligible residents must be 18 or older, pregnant upon enrollment, homeless or in unsafe living conditions, and free from a criminal history that poses a risk to others. Residents must also agree to abide by house rules.

Brehon House supports mothers by offering a safe space for them and their children (up to age 3), helping break the cycle of homelessness and promoting healthy pregnancies and early childhood development.

5. State Agency to receive requested funds
- State Agency contacted?

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

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operating | 100,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 100,000 |

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) | 100,000 | 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 | 100,000 | 100% |

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

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2023-24 | 0 | 100,000 | 315 | No |

9. Is future-year 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.



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Solicit contributions

Complete questions 10 and 11 for Fixed Capital Outlay Projects

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 |
|--|---|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | Project head is .5 FTE | 40,000 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs | | |
| Salary and Benefits | Deputy Director and Case Manager | 30,000 |
| Expense/Equipment/Travel/Supplies/Other | Resident housing expenses, resident supply expenses, additional direct client assistance. | 30,000 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 100,000 |

13. Program Performance

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



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The funds requested will be used to continue providing services to residents who have secured permanent housing, while also tracking infant mortality rates. By extending our support beyond initial housing stabilization, we aim to enhance the long-term stability of residents in their permanent housing and reduce the risk of infant mortality. This comprehensive approach will improve outcomes for both mothers and children, ensuring lasting success in overcoming homelessness.

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

The activities and services to be provided include, but are not limited to, stable housing, resources to maintain long-term stability after residents transition to permanent housing, ongoing case management services, and the tracking and monitoring of infants' immunization records and medical appointments to ensure comprehensive healthcare. Case management activities will be comprehensive, addressing risk factors, overcoming barriers, and providing ongoing support as needed.

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

The services provided through this appropriations project will enable Brehon House to continue offering safe, secure transitional housing to women and children, while expanding our efforts to track our success on prevention for infant mortality and support resident stability beyond the residential service period. Brehon House positively impacts the entire community by addressing the needs of two generations at once. Our primary goals for residents are to ensure healthy pregnancies and infants, and to help them secure permanent housing. These goals cannot be fully realized if the early years of life are disrupted by homelessness, trauma-related mental health issues, substance misuse, or domestic violence.

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

The target population for this program is unhoused, pregnant women and their children. We anticipate serving at least 35 women and children annually.

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

The expected benefit and outcome of this project is a reduction in infant mortality. By offering continued oversight after residents transition to permanent housing, we ensure that both the mother and infant continue to receive the comprehensive care and services they received at Brehon House. This ongoing support helps maintain stability and empowers families to sustain that stability independently once all services have been completed.

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?

Loss of funding.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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):

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

- Yes, Applied
- Yes, Received



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



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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.