



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2990

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Continuation of funding for Escambia and Santa Rosa County Re-Entry Portal, providing a complete program of transitional re-entry services, including housing, case management, registration, and job assistance for recently released men and women returning to Escambia and Santa Rosa Counties.

5. State Agency to receive requested funds

State Agency contacted?  No

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

Type of Funding	Amount
Operating	750,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>750,000</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)	750,000	56%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	600,000	44%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,350,000</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	650,000		No

9. Is future-year funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

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

Local foundations, private individual support, faith-based organizations, programmatic funding, and in-kind donations

**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	Executive Director salary and benefits.	105,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Salaries for 6 positions: Director of Housing and Employer Relations; Men's Case Manager; Women's Case Manager; Transportation Director; Office Manager; (new: Certified Addiction Specialist)	400,000
Expense/Equipment/Travel/Supplies/Other	Rent of \$1,500 pr month; Utilities of \$600 per month; Vehicle expense of \$350 per month; Furniture and fixture expense covers beds, dresser, appliances mattresses, linens and bedding for an entire year	200,000
Consultants/Contracted Services/Study	Client support includes identification, birth certificates, drivers licenses, prescription co-pays; clothing for work; transportation expense; insurance expense; emergency food and clothing	45,000
<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>750,000</b>

**13. Program Performance**

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

To continue the funding of a re-entry portal primarily serving Escambia and Santa Rosa Counties with a comprehensive re-entry program for men and women including housing, transportation, case management, substance abuse counseling, and job assistance, serving approximately 500 recently released men and women.

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



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Complete intake, needs assessment, development of an individualized re-entry plan, registration assistance with sheriff and probation officers, identification assistance, supportive housing, job referral and employment assistance, assistance with clothing and required tools.

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

Intake registration, needs assessment, development of an individualized re-entry plan, registration with sheriff and probation officers, obtaining ID cards and driver's licenses, payment of co-pay for prescribed medication, clothing, hygiene items, bedding supplies, supportive housing, case management, and transportation assistance including bus passes and private vehicle driver.

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

Men and women returning to northwest Florida from state prisons. An estimated 500 individuals will require some type of services, including 75-100 needing supportive housing.

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

Adequately funded community-based re-entry programs will result in a substantial reduction in the rate of recidivism. REAP maintains intake and termination records on all clients for a period of three years from date of intake and regularly uses reports from local law enforcement agencies, FDOC and FDLE for follow-up and update after termination of services.

**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?**

Typical contracts with FDOC provide for monetary penalties for failure to timely submit required reports and for failing to meet identified performance objectives regarding completion of programs and rate of recidivism.

**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
- 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:**



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**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)

**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**



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d. Phone Number

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