

1. Project Title

2. Senate Sponsor

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

City of Kissimmee Community Engagement Services Pilot

Kristen Arrington

**LFIR #3124** 

3.	Date of Request	3/5/2025					
4.	Project/Program De	escription					
	encountered in difficenforcement, on-site coordination would be 2341A in FY 2023-2	cult, high-risk situation of mental health proving the based at the Hav 4 helped with funding	ons. This unit w vider, and on-go ven on Vine, a ro ng), and deploy	ould oing o ecen ed to	coordination and eng tly acquired hotel co community contact	of a homeless servi agement with local a nversion project (spe locations, as neede	ices coordinator, law agencies. The services ecific appropriation
5	State Agency to red	ceive requested fu	nds Dena	artme	ent of Children and F	amilies	
		-	Бора	ar (111)	int of Official and 1	arrimoo	
	State Agency conta	icted? NO					
6.	Amount of the Non	recurring Request	for Fiscal Yea	r 202	25-2026		
	Type of Funding				Amo	unt	
	Operating					200,000	
	Fixed Capital Outlay	1				0	
	<b>Total State Funds I</b>	Requested				200,000	
				_			
7.	Total Project Cost f	or Fiscal Year 202	5-2026 (includi	ing n	natching funds ava	ilable for this proje	ect)
	Type of Funding				Amount	Percentage	
	Total State Funds R	equested (from que	estion #6)		200,000	2%	
	Matching Funds						
	Federal				14,500,000	95%	
	State (excluding the	amount of this requ	uest)		500,000	3%	
	Local				0	0%	
	Other				0	0%	
	<b>Total Project Costs</b>	s for Fiscal Year 20	)25-2026		15,200,000	100%	
8.	Has this project pro If yes, provide the	-	_		Yes		
	Fiscal Year (yyyy-yy)	Amo Recurring	ount Nonrecurrin	na	Specific Appropriation #	Vetoed	
	2023-24	11000g		,000	2341A	No	
				,555	201171		
9.	Is future-year fundi	ing likely to be req	uested?		No		
a. If yes, indicate nonrecurring amount per year.							
		_		in II	eu of state funding.		
	b. Describe the SO	urce or runding the	at call be used	111 110	eu oi state iuiluing.		



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

10.	Status of Const	truction						
;	a. What is the cu	urrent phase of t	he project?					
	Planning	O Design	Construction	O N/A				
	b. Is the project	"shovel ready"	(i.e permitted)?					
(	c. What is the es	stimated start da	te of construction?					
d. What is the estimated completion date of construction?								
(	e. What funding	What funding stream will be used for ongoing operations and maintenance of the project?						
11.			o receive, directly or rs of the facility and			pital outlay funding. Includ	e the	

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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study	Contracted Services for Mental Health Provider and Homeless Services Coordinator	200,000		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6) 20				

### 13. Program Performance

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

The City is requesting funding for a Community Engagement Unit pilot program, designed to assist individuals encountered in difficult, high-risk situations. This unit would employ the services of a homeless services coordinator, law enforcement, on site mental health provider and on-going coordination and engagement with local agencies. The services coordination would be based at the Haven on Vine and deployed to community contact locations as needed to ensure a comprehensive approach to homelessness, with the goal of diverting individuals from the criminal justice system to stable housing.



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

Services will support households and individuals engaged in homeless activities with the potential to engage law enforcement. The unit will be deployed and/or coordinate with local service providers to assist in providing support and integrate timely services.

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

Services coordination would be based at the Haven on Vine and deployed to community contact locations, as needed, to ensure a rapid approach to addressing households engaged in public camping and unstable housing situations, with the goal of diverting individuals from the criminal justice system to stable housing.

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

The target population is homeless and unstable households. The pilot is expecting to serve 500 households over the course of the two-year pilot program.

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

	Increased Access to Supportive Services:
-   6	Measure: Track the number of individuals connected to other community resources, such as mental health services, substance abuse treatment, case management, or job management, following engagement with the unit. Target measure: 80% of individuals connected to at least one other community resource within 90 days.
f	. What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie
f	or failing to meet deliverables or performance measures provided for in the contract?
	Standard penalties consistent with the state guidelines are proposed.
14. Is	s 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.	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. H	las 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#:



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	I project cost listed or					
i. Has the entity app	olied for or received st	tate assistance	for this proje	ct (other tha	an this reques	t)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends t	to apply					
a. If yes, specify th Commerce):	e program and state a	agency (ex. Loca	al Governmer	nt Emergend	cy Bridge Loa	n, Depa
. Requester Contac	t Information					
a. First Name	Desiree	Last Name	Matthews			
b. Organization	City of Kissimmee					
c. E-mail Address	desiree.matthews@ki	ssimmee.gov				
d. Phone Number	(407)518-2302	Ext.				
d. Phone Number  . Recipient Contact						
. Recipient Contact	Information City of Kissimmee					
. Recipient Contact a. Organization	Information City of Kissimmee d County Osceola					
. Recipient Contact a. Organization b. Municipality and	Information City of Kissimmee d County Osceola					
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b. Firm Name	GrayRobinson PA	
c. E-mail Address	angela.drzewiecki@gray-robinson.com	
d. Phone Number	(850)577-9090	

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