



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3365

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The requested funds will be used to support CESC, Inc.'s emergency shelter, mental health, and diversion services for the unhoused population in the Big Bend Region, and will also help us build our capacity to grow our impact. We anticipate directly serving approximately 1,500 people with these funds.

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	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

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)	2,000,000	72%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	782,968	28%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	2,782,968	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		
2024-25	0	2,000,000	355	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.

City, county, local, and private grants and donations.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3365

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	Executive director salary, employer payroll taxes and benefits	172,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Administrative and indirect costs, includes assistance for required single audit costs and general administrative costs associated with the operation of the program.	145,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Emergency services staff, diversion staff, and mental health staff	228,000
Expense/Equipment/Travel/Supplies/Other	Emergency shelter, mental health and supportive services, and primary care costs	1,455,000
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)		2,000,000

13. Program Performance

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

Approximately 1,500 individuals who are homeless or at risk for homelessness in the Big Bend region of Florida will receive diversion services, mental health services, primary care services, and emergency shelter.

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

Diversion Services: Keeps people from entering the shelter by helping them find stable, affordable housing.
 Emergency Shelter: Overnight and day program
 Mental Health Services: Counseling and medication management
 Primary Care Services: Free in-house medical care available for clients and the greater community.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3365

Diversion Services: Keeps people from entering the shelter by helping them find stable, affordable housing.
 Emergency Shelter: Overnight and day program
 Mental Health Services: Counseling and medication management
 Primary Care Services: Free in-house medical care available for clients and the greater community.

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

We anticipate serving approximately 1,500 individuals with this funding. Our target population are those who are homeless or at risk for homelessness in the Big Bend Region of Florida. This includes seniors, people with poor mental or physical health, drug users, formerly incarcerated individuals, and victims of crime.

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

1,200 people will receive primary care services. This includes clients of the Kearney Center as well as unhoused community members not living at the shelter. 240 people will receive mental health services, including counseling and medication management as well as referrals to community homelessness to improve our client's mental health. All data is tracked through HMIS.

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?

Delay or loss of funding tied to deliverable requirements.

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:

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

- Yes, Applied



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3365

- 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

d. Phone Number



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

LFIR # 3365

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