



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1434

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal is to appropriately stabilize individuals and families who are homeless with a mental health condition, and pair them with a local service provider who can provide wraparound services for 60 days. The Fort Lauderdale Fire Rescue Department answered over 27,000 calls for service within the first six months of 2023. Approximately 2,044 calls were related to homelessness and within that scope, over 300 calls were mental health related. The Fort Lauderdale Police Department (FLPD) had over 132,000 calls for service, of which almost 3,000 were homeless related. With an increasing number of calls and demand for first responders, we have identified a need to provide treatment and stabilization services to homeless individuals prior to starting a housing plan.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
	0	0		

9. Is future 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.

None.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1434

Yes

If yes, indicate the amount of funds received and what the funds were used for.

The City has received \$38.1M of federal assistance related to COVID-19 pandemic and the funding was used as a revenue replacement to fund Community Investment Plan Projects. Those projects range from fire stations, roadway improvements, bridges, seawalls, and other infrastructure improvements.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Contract services with providers for mental health beds to include food, case management, medication management, individual/group counseling, and housing services.	500,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1434

Partnership with a mental health service provider to provide wrap-around services. In addition, funds will be utilized for move-in costs once permanent housing is identified. Permanent Housing will be identified using direct strategies from Assisted Living Facility, Housing through Coordinated Entry, and/or Rapid Rehousing options. This course of action will likely decrease the number of homeless individuals living on the streets and help restore a sense of safety in the community.

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

Assignment of a case manager, enrollment to treatment services, and drafting a housing plan.

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

Intensive case management, wrap-around services, medication management, individual and group counseling.

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

Persons with poor mental health, jobless persons, economically disadvantaged persons, and the homeless. The city expects to serve 100 individuals.

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

The outcome will be measured by filling the available mental health program beds and maintaining each individual through their program until they are housed.

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 the contract?

Penalties for failing to meet deliverables are that the City is required to refund the funding back to the state.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1434

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number