

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Homeless Veteran Housing Assistance in Brevard County
2. Date of Submission: 10/22/2019
3. House Member Sponsor: Tyler Sirois
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		150,000	150,000		190,000	190,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

During our 2019-20 grant cycle, among several other performance measures, the agency was required to assist a minimum amount of clients monthly. If the agency failed to meet the minimum target, the amount submitted for reimbursement could be deducted at a rate proportionate to the percentage of the missed target amount. The agency believes this is the penalty the contract agency should apply to this request as well. It should be noted, at no time has the agency failed to meet their target.

6. Requester:

- a. Name: George Taylor, Jr.
- b. Organization: National Veterans Homeless Support, Inc.
- c. Email: georgejr@nvhs.org
- d. Phone #: (321)208-7562

7. Contact for questions about specific technical or financial details about the project:

- a. Name: George Taylor, Jr.
- b. Organization: National Veterans Homeless Support, Inc.
- c. Email: georgejr@nvhs.org
- d. Phone #: (321)208-7562

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: National Veterans Homeless Support, Inc.
- b. County (County where funds are to be expended): Brevard
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Orange, Volusia

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)

- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The purpose of this request is to support two agency programs: Street Outreach and Transitional Housing. The primary goals for these programs are to locate homeless/at-risk veterans in our community and convert them through personalized case management and supportive housing to self-sufficient citizens again. Programs align with mission to eliminate homelessness among veterans in Central FL. Since 2011, these programs have delivered an 88% reduction in veteran homelessness in Brevard County.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Programs Director (Responsible for both Outreach and Housing Program): 48,619, 75% in Outreach, 25% in Housing. Data Entry (Responsible for data input into HUD Case Management System HMIS): 39,826, 75% in Outreach, 25% in Housing. Outreach Assistant (Part Time, Conducts/Organizes Outreach Activities with Volunteers): 16,380.	143,297

	Housing Manager (Manages client cases and facility maintenance activities in housing program): 38,472.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Utilities (Property utilities for housing units, 4 in total): 22,000. Maintenance (Routine maintenance to upkeep housing units and properties): 20,703. Property Insurance (Property insurance for housing units, to include general liability for all 4 units): 4,000.	46,703
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		190,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The outreach program has received funding since July 2011 from United Way of Brevard due to their support of our activities in our community.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Need for these programs is supported by physical counts of the homeless population as required by HUD and conducted by local Continuum of Care coalitions. In January 2017, the physical count identified 211 homeless veterans living in Brevard County; additionally, our neighboring Continuum of Care Coalition, which accounts for Orange/Seminole/Osceola county, identified 218. These numbers increase significantly when considering family members of the veterans and at-risk clients.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

To provide assistance with case management, data tracking, maintenance/utilities of the housing facilities, and direct management of the two programs. Case management will be provided in both a field environment via the outreach program, and in the housing facilities. All case data from the field and the housing units are recorded in the Homeless Management Information System (HMIS), a shared homeless database mandated by HUD.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Street outreach, case management, and emergency/transitional/permanent supportive housing for homeless and at-risk veterans and their dependents.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

Elderly persons

Persons with poor mental health

Persons with poor physical health

- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Target population are homeless, at-risk, and low-income veterans and their dependents.

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Reduce homeless veteran population	Reducing physical count of homeless veterans and their dependents.	For the outreach program: % of homeless clients housed within 1, 6, 12 months after discovery; % of at-risk clients needing assistance who

		remain housed 3, 6, 12 months after. For housing program: % of clients exiting return to homelessness 3, 6, 12 months after exiting. For both programs: Total veterans and their dependents physically counted by HUD Mandated Point in Time Counts.
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19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	190,000	30.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	425,000	69.1%	No
TOTAL	615,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No