

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Five Star Veterans Center Homeless Housing and Re-integration Project
2. Date of Submission: 11/05/2019
3. House Member Sponsor: Cord Byrd
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:		250,000	250,000		374,000	374,000

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 Veterans' Affairs
 - 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.
Penalty- Money per day due to not meeting the minimum requirements as provided.

6. Requester:

- a. Name: Francis Loving, Col USMC, Retired
- b. Organization: Five Star Veterans Center
- c. Email: Len.Loving@5starveteranscenter.org
- d. Phone #: (904)723-5950

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

- a. Name: Suzanne Loving
- b. Organization: Five Star Veterans Center
- c. Email: suzie.loving@5starveterancenter.org
- d. Phone #: (904)723-5950

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

- a. Name: Davis Bean
- b. Firm: The Fiorentino Group
- c. Email: davis@thefiorentinogroup.com
- d. Phone #: (904)358-2757

9. Organization or Name of entity receiving funds:

- a. Name: Five Star Veterans Center
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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 Five STAR Veterans Center offers to help homeless or displaced veterans who are suffering with Post Traumatic Stress or other behavior health issues. The goal is to achieve greater self-determination, independent residential and increased financial stability, and improved job skills through an individual Passport to Independence long-term goal achievement plan.

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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Equipment and Program materials supplies to support the passport to Independence program. Assessment materials, tracking support projections and printing materials/equipment.	50,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Funding to support one (1) mental health counselor, who leads the centers efforts and guides the staff to meet the homeless veterans' needs. One (1) FTE Residential Case Manager performing the duties as outlined in the approved job description.	100,000

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Program Residential Living Expenses (40) residents - Includes the cost of three meals per day, housing, and program activities. Behavioral Health Assessment Instruments to capture veteran's baseline symptoms and monitor progress in addressing the symptoms.	224,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		374,000

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:

City of Jacksonville, Jaguar Foundation, Community Foundation of NE Florida, United Way of NE Florida, Numerous Veteran Non-Profits, and American Legions. Farah & Farah Law Firm. Wood, Atter, Wolfe Law Firm

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:

An outside audit team has reviewed the financial status annually. The VA and other mental health organizations have clearly documented the need. Additionally, anecdotal information from the residents have verified that the homeless or displaced veteran population are in this situation for a reason. May have long standing issues brought on and exacerbated by military operations.

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?

Five STAR Veterans Center is Northeast Florida's only Veterans Housing Community for homeless or displaced veterans, and the first

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

Provide evidence-based treatment methods focused on helping to develop solid strategies to promote healthy decision-making and to heal emotional/psychological distress of participants - based on sound therapeutic knowledge and individualized to the specific needs and desires of participants and their families.

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): Veterans

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 checked="" type="checkbox"/> Improve physical health	100% of residents will create a care plan for improving their physical health and wellbeing, i.e., smoking cessation, reduced alcohol/substance use, tackling obesity, improved levels of physical activity, improved sexual/reproductive health, improved dental/oral health.80% of residents will show improvement in their physical health and wellbeing, as detailed in the individual care plan.	Residential Case Manager will use a person centered approach to assess each resident's current physical health; help residents identify key goals and aspirations, setting dates/times that are realistic and manageable for achieving goals; Work in a person centered, integrated, holistic way to implement the plan of care, continually encouraging residents to take care of their physical health, and; Monitor and review progress with the individual and refine and adjust care

		plans if necessary
<input checked="" type="checkbox"/> Improve mental health	100% of residents will be assessed for behavioral/mental health issues.80% of residents will show improvement in their behavioral health, as detailed in their individual care plan	Mental Health Counselors will use a person centered approach to assess each resident's current behavioral/mental health; help residents identify key goals and aspirations, setting dates/times that are realistic and manageable for achieving goals; work in a person centered, integrated, holistic way to implement the plan of care, providing evidenced-based treatment/services and; Monitor and review progress with the individual and refine and adjust care plans
<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 checked="" type="checkbox"/> Reduce substance abuse	80% of residents will live a sober and drug-free while residing at the Five STAR Veterans Center. 75% of graduates will maintain a sober/drug-free life one year post services.	Residents will attend sobriety support meetings at the Center and/or in the Community; random and observed drug and alcohol testing will be administered by Center staff. Follow-up services are provided to successful graduates, including sobriety support meetings and drug/alcohol testing.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	90% of Veterans Treatment Court (VTC) program men/women referred to Five STAR Veterans Center will successfully complete the program, avoiding a prison sentence.	Working with the VTC program team, the Residential Case Manager/Mental Health Counselors will assist residents in complying with VTC requirements, ensuring completion of the treatment plan, attending court appearances, drug/alcohol testing, linkage to vocational training, education and/or job placement services, support of a veteran peer mentor, compliance with medical and other personal appointments/needs. Progress will be monitored weekly.
<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 type="checkbox"/> Other (Please describe):		
---	--	--

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:	374,000	42.3%	N/A
2. Federal:	80,000	9.0%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	400,000	45.2%	Yes
5. Other:	30,000	3.4%	Yes
TOTAL	884,000	100%	

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

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select “ongoing activity”.

ongoing activity – no total cost

<1M

1-3M

>3-10M

>10M