

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: St. Lucie County Homeless Veterans Assistance Center
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Toby Overdorf
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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: | | | | | 875,000 | 875,000 |

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.
No payment will be made for unsatisfactory deliverables.

6. Requester:

- a. Name: Wayne Teegardin
- b. Organization: St Lucie County Veteran Services Division
- c. Email: teegardinw@stlucieco.org
- d. Phone #: (772)337-5670

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

- a. Name: Wayne Teegardin
- b. Organization: St Lucie County Veteran Services Division
- c. Email: teegardinw@stlucieco.org
- d. Phone #: (772)337-5670

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

- a. Name: Nicole Fogarty
- b. Firm: St. Lucie County Board of County Commissioners
- c. Email: fogartyn@stlucieco.org
- d. Phone #: (772)708-3954

9. Organization or Name of entity receiving funds:

- a. Name: St. Lucie County Board of County Commissioners
- b. County (County where funds are to be expended): St. Lucie
- c. Service Area (Counties being served by the service(s) provided with funding): Indian River, Martin, St. Lucie

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 Veterans Assistance Center (VAC) project is intended to reduce the number of homeless Veterans living in St Lucie, Martin & Indian River Counties by providing a safe and secure environment in which they can receive comprehensive case management referrals, drug and alcohol addiction counseling, referral to mental health and medical treatment, Veteran Service Officer benefit services, and other assistance as needed by individual participants. Twelve to twenty-four month housing program.

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 type="checkbox"/> e. Salaries and Benefits | | |
| <input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Funds to be used entirely for site infrastructure and development, impact and permit fees, planning & engineering, and construction. | 875,000 |
| TOTAL | | 875,000 |

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:

United Veterans of St Lucie County (28 Veteran member organizations) meeting every month, this project has been presented, updated and supported monthly since November 2017. Treasure Coast Homeless Services Council supporting project since March 2018. St Lucie County Board of County Commissioners supporting project since inception in mid 2017 with current \$500,000 budget allocation. St Lucie County Housing Finance Authority supporting project with \$80,000 donation. Fraternal organizations (

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:

Annual nationwide Point-In-Time survey conducted every January locates and documents treasure coast homeless, including homeless Veterans, coordinated by Treasure Coast Homeless Services Council. Twenty-two documented homeless Veterans were surveyed January 2019.

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?

Homeless Veterans that have served in the Armed Services of the United States will be provided stable and safe housing environment while undergoing counseling for mental health and dependency issues, medical services, case management, VA benefit submittal.

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

Stable housing environment that will increase the self-sufficiency of each Veteran participant.

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 | Removing homeless Veterans from adverse outdoor living conditions will allow improvements in health | Case management professionals will monitor progress. |
| <input checked="" type="checkbox"/> Improve mental health | Counseling professionals will engage and monitor homeless Veteran participants | Veterans demonstrating improvement to self-sufficiency will advance to mainstream permanent housing and jobs |
| <input type="checkbox"/> Enrich cultural experience | | |
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input checked="" type="checkbox"/> Improve quality of education | Homeless Veteran participants will be provided opportunities, experience and job skills training | Favorable outcomes would be demonstrated by participants advancing to steady employment |
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality | | |
| <input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | Removing homeless Veterans from unstable living environments and placing them in safe housing will remove stigma of homelessness in area neighborhoods | Removal of homeless camps and individual living areas will improve neighborhoods |
| <input checked="" type="checkbox"/> Improve transportation conditions | This project will be located adjacent to area transit facility that provides free bus transportation | Free bus transportation will improve homeless Veteran participants to appointments, job interviews, shopping and other basic needs |

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Increase or improve economic activity | Homeless Veterans once provided a stable living environment will be encouraged to participate in training programs that promote economic activity | Homeless Veterans will be monitored by case managers throughout their participation |
| <input type="checkbox"/> Increase tourism | | |
| <input type="checkbox"/> Create specific immediate job opportunities | | |
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency | Placing homeless Veterans in the VAC will give them the opportunity and foundation to once again become independent successful members of our community through employment | Local employment service organizations will provide counseling and employment opportunities to Veteran participants |
| <input checked="" type="checkbox"/> Reduce recidivism | Placing homeless Veterans in a stable living environment and providing rehabilitation services should reduce recidivism | Case management of participants throughout the program will monitor desired outcomes |
| <input checked="" type="checkbox"/> Reduce substance abuse | Homeless Veteran participants will be provided substance abuse counseling during rehabilitation process | Successful completion of substance abuse counseling |
| <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 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: | 875,000 | 66.5% | 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: | 441,000 | 33.5% | Yes |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 1,316,000 | 100% | |

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

No