

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Rapid Rehousing Program - Fort Lauderdale
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Bobby DuBose
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? 2017-18
- 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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:		400,000	400,000		500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes
 - 5a. If yes, which state agency? Department of Economic Opportunity
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 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.
Deobligation of funding

6. Requester:

- a. Name: Laura Reece
- b. Organization: City of Fort Lauderdale
- c. Email: lreece@fortlauderdale.gov
- d. Phone #: (954)828-5894

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

- a. Name: Jeri Pryor
- b. Organization: City of Fort Lauderdale
- c. Email: jpryor@fortlauderdale.gov
- d. Phone #: (954)828-5024

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

- a. Name: Ronald L.
- b. Firm: Ronald L. Book, P.A.
- c. Email: ron@rlbookpa.com
- d. Phone #: (305)935-1866

9. Organization or Name of entity receiving funds:

- a. Name: City of Fort Lauderdale
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

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 goal of the program is to rapidly re-house persons experiencing homelessness in the City of Fort Lauderdale. The program provides financial assistance and services to prevent individuals and families from becoming homeless and helps those who are experiencing homelessness to be quickly re-housed and stabilized. Recent data indicates that rapid re-housing is more cost-effective than other programs and that rapid re-housing produces long-term results from one-time costs.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Time-limited direct financial assistance for move-in expenses, rent, deposits, utilities, and other related costs.	400,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Case Managers - Provide ongoing case management before, after and during entry into the Rapid Rehousing Program. Regular assessments to determine level of	100,000

	self-sufficiency and progress toward achieving stable housing	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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)

N/A

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:

Fort Lauderdale City Commission - Comprehensive Homeless Strategy, Broward County "A Way Home" 10-year plan to end homelessness, Broward County Continuum of Care Operation Lift Hope Synergistic Report

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:

Broward County "A Way Home" 10-year plan to end homelessness.

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?

Rapid Re-Housing gets a family or individual who is experiencing homelessness off the street and significantly reduces the rate of returning to homelessness.

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

The project provides a variety of assistance, such as short-term or medium-term rental assistance, including utility deposit assistance, and appropriate support services with case management to help homeless individuals/families achieve self-sufficiency.

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)

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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Achieve stable housing	Ongoing case management for over 50 clients served annually as well as regular assessments to determine level of self-sufficiency and progress toward achieving stable housing.
<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 type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 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:	500,000	83.3%	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:	100,000	16.7%	Yes
5. Other:	0	0.0%	No
TOTAL	600,000	100%	

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

No