

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Connecting Everyone with Second Chances - Homelessness Services
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Jason Shoaf  
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? Yes
- 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		1,000,000	1,000,000		716,000	716,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes
  - 5a. If yes, which state agency? Department of Children and Families
  - 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? Yes
  - 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.  
Repayment of funds

6. Requester:

- a. Name: Jacob Reiter
- b. Organization: Connecting Everyone with Second Chances (CESC)
- c. Email: Jacob.Reiter@cesctlh.org
- d. Phone #: (305)904-7845

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

- a. Name: Jacob Reiter
- b. Organization: Connecting Everyone with Second Chances (CESC)
- c. Email: Jacob.Reiter@cesctlh.org
- d. Phone #: (305)904-7845

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

- a. Name: Nicole Graganella
- b. Firm: Colodny Fass
- c. Email: ngraganella@colodnyfass.com
- d. Phone #: (850)322-8553

9. Organization or Name of entity receiving funds:

- a. Name: Connecting Everyone with Second Chances (CESC)
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, Washington

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?

Request is for \$716,000 to provide shelter and wrap-around services to approximately 400 clients (average of 50 nights at \$31.00 for 400 people), and to provide for two case managers to place clients in housing, and to also create a diversion program to reduce the number of clients needing shelter services by reuniting families and seeking immediate solutions. Wrap-around services include: meals, job training and placement, telemedicine access, dental care, and more

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	Two case managers to place clients in housing, and to also create a diversion program to reduce the number of clients seeking services from outside our jurisdiction.	96,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Funds to provide shelter and wrap-around services (food, medicines, boots/clothing for work, personal hygiene items, medical and dental care) to approximately 400 clients (average of 50 nights at \$31.00 for	620,000

	400 people)	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		716,000

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 City of Tallahassee and Leon County government provide annual funding, and have approved all expansion efforts of Connecting Everyone with Second Chances (CESC). Additionally, the CESC is supported by the local Continuum of Care and has 55 partner organizations which provide a vast array of onsite services including job training, GED classes, medical and dental services, and more. Hundreds of volunteers support our program serving meals and donating services.

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:

A study released by Florida Atlantic University's Center for Urban and Environmental Solutions (CUES) found that the vast majority of counties in the Florida Panhandle were less prepared for emergency evacuation compared to the rest of the state. Of the 67 counties in Florida, 10 were rated as having weak levels of evacuation preparedness, and all of these counties were located in the Panhandle/North Florida. Eleven of 16 counties with moderately rated plans also were in this region.

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?

Funds would be used for (1) direct services which include shelter and wrap-around services (food, medicine, case management services to provide job training and placement, and assistance with finding permanent housing, access to free medical and dental care) to approximately 400 clients; and (2) for two case managers to focus on diversion which would help clients find support for housing and jobs in their local community, rather than overtaxing usage in Leon County.

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

Direct services include meals, shelter, medical and dental care, educational services, job training and case management to assist with permanent housing as needed. We partner with 55-plus entities to offer services, but bear the cost of all food, shelter, medical and dental care.

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 checked="" type="checkbox"/> Improve physical health	Telemedicine and dental usage	Reduction of emergency room visits; monthly outcomes reported on usage of health services
<input checked="" type="checkbox"/> Improve mental health	CESC, Inc. will provide referrals to mental health services that are provided by both our staff, and representatives from partnering agencies.	This is a program in partnership with Apalachee Mental Health and other partners; all records are maintained by the partner.
<input checked="" type="checkbox"/> Enrich cultural experience	The clients served by CESC, inc. are very diverse. The opportunity for the Tallahassee/Leon community to interact with clients through volunteering at the Kearney Center	Report on the number of volunteers serving with CESC, Inc.

	serves to enrich the lives both the volunteers and the clients.	
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	On-site GED classroom numbers	This is a program in partnership with Leon County Schools and all records are maintained by the partner.
<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.)	The local human trafficking prevention/ educational program provides monthly training at our program site. The meeting is open to CESC clients and community members.	Report on attendance.
<input checked="" type="checkbox"/> Improve transportation conditions	CESC, Inc. provides monthly bus passes to clients served. This encourages the use of public transportation and increases ridership on our public transportation system.	Report on usage
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Job placement	Job placement is tracked daily. Goal is to ensure 50% of clients retain or improve job.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Housing placement	Placement in temporary or permanent 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 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:	716,000	100.0%	N/A
2. Federal:	0	0.0%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>716,000</b>	<b>100%</b>	

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

No