

# Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Local Homeless Continuum of Care Lead Agencies
2. Date of Submission: 11/20/2015
3. House Member Sponsor(s): Kathleen Peters

## 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***
- b. What is the most recent fiscal year the project was funded? 2015-16
- 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 (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget  (Will equal non-vetoed amounts provided in Column A )	<b>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b>  (Nonrecurring is one time funding & must be re-requested every year)	<b>Total Funds Requested Over Base Funding</b>  (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	2,000,000	50,000	2,050,000	2,000,000	2,000,000	0	2,000,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs

5. Requester:

- a. Name: Kathleen Peters
- b. Organization: Florida House of Representatives
- c. Email: KATHLEEN.PETERS@myfloridahouse.gov
- d. Phone #: (850)717-5069

6. Organization or Name of Entity Receiving Funds:

- a. Name: The Florida Department of Children and Families
- b. County (County where funds are to be expended) Leon
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Twenty-eight, regionally located, local homeless Continuum of Care Lead Agencies (CoC's) under contract with the Department of Children and Families (DCF) State Office on Homelessness administer Florida's homeless prevention and housing services including the Federal Housing & Urban Development (HUD) funding each year for the State of Florida. In addition, the CoC's workload is expanding in the area of housing placements and referrals from the DCF Managing Entities as greater emphasis is being placed by the department on the transition of persons completing treatment in substance abuse and mental health to permanent housing. In addition, the local CoC's administer the Emergency Solutions Grant, Community Development Block Grants, State Housing Initiatives Partnership (SHIP) grants, Supportive Services for Veterans' Families and HUD Veterans Affairs Supportive Housing Programs totaling several millions of dollars each fiscal year. Because of expanding workload and capacity issues, the CoC's are again seeking \$1 million in Recurring funding to address what has become a recurring workload. The project creates a return on investment to the State of Florida -\$84 million annually in Federal HUD funding drawn down to the State of Florida; Reduction in the number of homeless children, women and men; Continued homeless access to quality shelter, food, clothing, job opportunities. 100% of funding requested will be used to support the staffing and operational costs of the 28 local homeless Continuum of Care Lead Agencies. Expenses paid from these funds include staff and related operating expenses (rent, telephones, postage, etc.) associated with positions performing contract activities/deliverables designed to assist homeless persons to receive emergency needs (food, clothing, medical, shelter etc?), obtain permanent housing, prevent homelessness among families with children and end homelessness for all persons in the State of Florida. The Department of Children and Families established deliverables for these funds. These deliverables are monitored and regulated by DCF Contract Regional Managers in the CoC Catchment Area. Continuum of Care Designated Lead Agencies Deliverables include: a. Conduct Regular Homeless Continuum Meetings with all stake holders; b. Develop annual CoC Plan and including Goals, Objectives and Outcomes; c. Conduct inventory of all homeless resources in CoC area; d. Develop a local directory of

all homeless services; e. Conduct homeless outreach activity and Point In Time Survey of Homeless Persons; f. Foster local business participation in Continuum of Care activities; g. Complete CoC Annual program funding application and submit to HUD for Federal dollars; h. Maintain active membership in the Florida Coalition for the Homeless.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

Yes