



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3721

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

University Area CDCs STEPS for Success® program provides one-on-one guidance and individualized goal plans for motivated individuals who wish to improve their circumstances. STEPS navigators help mitigate crisis, prevent homelessness and stabilize program participants on their quest toward self-sufficiency. STEPS participants receive support in finding gainful employment, attaining safe & affordable housing and becoming self-sustained through educational opportunities, workforce training, life skills and financial guidance. A total of 697 individuals were impacted by the STEPS for Success® program in 2022.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 300,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 300,000 |

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|----------------|-------------|
| Total State Funds Requested (from question #6) | 300,000 | 67% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 146,000 | 33% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 446,000 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|-----------------------|-----------|--------------|--------------------------|--------|
| | Recurring | Nonrecurring | | |
| | | | | |

9. Is future funding likely to be requested?
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

The amount was \$560,000 from PPP II and it was used on safety equipment and general operations/support.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

| Spending Category | Description | Amount |
|--|---|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | CEO/COO | 10,000 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | Navigators, Program Manager, Director of Programs | 190,000 |
| Expense/Equipment/Travel/Supplies/Other | Program Materials, travel (mileage reimbursement), office supplies, financial support for families, outreach/marketing of program | 100,000 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 300,000 |

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

Persons served by the STEPS program will receive programming to help them with a goal of financial stability. Families will receive an Individual Goal Plan (IGP) that will list out their goals and staff will help them reach their goals.

b. What activities and services will be provided to meet the intended purpose of these funds?



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Clientele will receive case management in order to meet their goals of education, housing and employment. Families will receive referrals and will meet with the program at least once monthly.

c. What direct services will be provided to citizens by the appropriation project?

The direct service is case management. Navigators will meet with participants at least once time per month, face to face. During these meetings, an individual goal plan will be created. Subsequent meetings will be held to monitor progress on goals. Support is offered to assist participant to meet the goals established.

d. Who is the target population served by this project? How many individuals are expected to be served?

We expect to serve 150 individuals. Participants consist of the underserved individuals in Tampa.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

It is expected that participants will have reached the goals on their IGP's and will be better off after participation. They will have improved their housing, attained their education and/or received a better paying job.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

Clientele are not accepted for one year after leaving the program. After one year they may re-join the program if they meet eligibility standards.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number



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17. Lobbyist Contact Information

| | |
|-------------------|--|
| a. Name | <input type="text" value="Jose Diaz"/> |
| b. Firm Name | <input type="text" value="Robert M. Levy & Associates Inc"/> |
| c. E-mail Address | <input type="text" value="jdiazj@aol.com"/> |
| d. Phone Number | <input type="text" value="(850)294-7583"/> |