



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1698

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Empowered To Change Safe Housing Program delivers a 7 month structured comprehensive program that supports sustainable life-changing support through employment, education, trauma counseling services while living in a home free of all narcotics, alcohol or abuse. We are eight years of serving those who suffer from addiction, aging out of foster care, homeless and/or survivors of human trafficking and the sex trade.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>500,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	500,000		No

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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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



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PPP Loan. Used for its intended purpose to the letter and forgiven. This was in 2020/21. Our organization was hit very hard. All agencies we served shut down for many months and we lost homes and staff. We are back up to serving the citizens in Florida 89 beds in Safe Homes.

## 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

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Director and Project Head	65,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	3 Computers, Microsoft Licenses and printers	6,000
Consultants/Contracted Services/Study	Contracted Services - Video and Media	15,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries for supervisor, case mentor, and data integrity	100,000
Expense/Equipment/Travel/Supplies/Other	House rentals, utilities and furniture	254,000
Consultants/Contracted Services/Study	Research and consultant	60,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

### 14. Program Performance

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

The goal is to deliver Safe Housing, employment, education, life skills, accountability and trauma therapy so that broken individuals have the tools to heal, change their life and be productive in our communities.

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

Psych/social evaluation, specific Independent Living Plan (ILP) goal for each individual, employment coaching and placement, educational support, life skills and coaching, and trauma therapy.



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

The direct services provided will be a Safe House to live in, trauma therapy, life skills, employment/job readiness, GED/College guidance, accountability and life coaching. We also give food, clothing and bus passes for any participant that has need.

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

The target population is the vulnerable in our communities who age out of foster care as they are prime targets for human trafficking, survivors of the sex trade, and individuals who suffer from addictions, homelessness and mental health. We serve 200+ people every year.

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

The expected benefit is to provide Safe Housing i.e., zero tolerance for illegal drug activity or violence. 89 Current bed spaces for 18 years of age and up to receive approximately 7 month program that teaches them to be gainfully employed, 14-30 days of employment coaching until they are employed. 89 receive life coaching, accountability and random drug testing and house visits. 89-200 plus have opportunity to divert from jail time relating to their trauma, i.e.; sex trafficking, sexual abuse, addiction or theft.

**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?**

Return of funds if deliverables are not met.

**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**



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f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number