

Operations

Fixed Capital Outlay

Total State Funds Requested

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1050

500,000

500,000

i. Fiojec	ot titie	Non-Custodiai Farent En	прюуттетт	Togram - State	ewide			
2. Senate	e Sponsor	Ana Maria Rodriguez						
3. Date o	of Request	01/03/2023						
4. Projec	ct/Program De	escription						
unemp child s	ployed or unde	Parent Employment Progra eremployed, and are having nts by obtaining and mainta ufficient.	difficulty me	eting their chi	ld support obligati	ons to esta	ablish a patterr	of
5. State	Agency to red	ceive requested funds	Departme	ent of Economi	c Opportunity			
State A	Agency conta	cted? Yes						
6. Amoui	nt of the Nonr	ecurring Request for Fisc	cal Year 202	23-2024				
Type	of Funding				Amount			

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	26%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	1,416,000	74%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,916,000	100%

8. Has this project previously received state funding?

Yes

Fiscal Year	Amo			Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2022-23	1,416,000	500,000	2246	No

	9.	ls	future	funding	likely	to be	requested?
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Yes

a. If yes, indicate nonrecurring amount per year.

500,000

b. Describe the source of funding that can be used in lieu of state funding.

There is not a comparable funding source. This project goes beyond the services offered by traditional workforce development funding to accompany clients through the court system.

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



11. Status of Construction

n/a

a. What is the current phase of the project?

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

\$1,900,000 in PPP Loan and was forgiven 100% for eligible expenditures including: Payroll for eligible employees, business mortgage interest, business rent/lease payments, and business utility payments.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Planning	ODesign	Construction			
b. Is the projec	t "shovel ready	/" (i.e permitted)?	No		
c. What is the	estimated start	date of construction?	no construction		
d. What is the	estimated comp	oletion date of construction?	no 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	Directors are responsible for program & administrative oversight, serve as a liaisons with the community and funders and work closely toward program growth and fiscal diversity through grants and community involvement.	10,735
Other Salary and Benefits	QI Specialist (Responsible for conducting statewide internal file reviews to ensure compliance and quarterly outcomes achieved.) Grant Accountant (Responsible for preparing monthly reimbursement reports, budgets, contract audit preparation and other financial information as required by the program.)	8,835
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	16 Career Case Managers (9 for Greater Tampa Bay and 7 for Miami) Responsible for comprehensive case management and support to participants. 4 Program Administrative Assistants (3 for Greater Tampa Bay and 1 for Miami) and 1 Job Developer. 4 Program Supervisors (3 for Greater Tampa Bay and 1 for Miami) 1 Program Manager	300,000
Expense/Equipment/Travel/Supplies/ Other	Operating costs (facility rent, mileage, parking, travel, supplies, printing, postage, telephone, Internet, utilities, maintenance, equipment rental/repair, rent, computer licensing, computer supplies, advertising, insurance, employee testing, client needs, indirect cost, career source fee	168,430
Consultants/Contracted Services/Study	Program evaluation, contract workers and contract services	12,000



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ixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6)				

14. Program Performance

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

In Pinellas, Pasco, Hernando, Hillsborough and Miami-Dade Counties Contract eligible expenses including but not

- a) Operating Costs to include: facility rent/lease, support of program activities (mileage, supplies, utilities, etc.);
- b) Salaries and Fringe for 28 staff:1 Sr. Director, 1 Director, 1 Program Manager, 4 Program Supervisors, 4 Admins, 1 Job Developer and 16 Career Case Managers.
- c) NCPEP will increase reemployment training to clients impacted by COVID.

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

NCPEP will serve 1,000 non custodial unemployed/underemployed parents with gaining and maintaining employment so that they may establish a regular pattern of child support payments. Efforts will also focus on reemployment training for clients impacted by COVID.

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

Job development, supervised job search, job placement, case monitoring, educational assessments, contingency funds for: transportation, work attire, vehicle maintenance, and personal hygiene.

Short term trade/skills training for construction trades helpers, security guards, and etc. Support service referrals (mediation, substance abuse counseling).

Reemployment training for clients impacted by COVID. Additional direct services include court accompaniment for child support hearings. COVID has impacted face-to-face visits but JFCS will continue this service.

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

The target population is low-income, unemployed or underemployed non-custodial parents who are not meeting their child support obligations.

The program expects to enroll 1,000 clients state-wide.

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

Enrollment = 1,000 clients,

90 Days Employment Retention = 489 clients,

80 Days Employment Retention = 469 clients, 80 Days Employment Retention = 326 clients, Upgrade in Position = 79 clients, Increase in Wages = 196 clients, Child Support Payments = 424 clients, Training/Certification Completion= 353 clients,

Entered Employment= 651.

Program data is recorded in two systems: The state System OSST (One Stop Service Tracking) and the Gulf Coast JFCS internal system, Avatar, Participants' information and all backup documentation are scanned into the CareerSource electronic system, Atlas.

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?

Suggested penalties to be considered include a repayment of a portion of the funds, proportionate to the shortfall in deliverables

15	Requester	Contact	Information

a. First Name	Sandra	Last Name	Braham



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	b. Organization	Gulf Coast Jewish Family and Community Services						
	c. E-mail Address	Sandra.B	raham@gcjfcs.o	rg				
	d. Phone Number	(727)479	-1864	Ext.				
16.	6. Recipient Contact Information							
	a. Organization	Gulf Coas	st JFCS					
	b. Municipality and	I County	Statewide					
	c. Organization Type							
	□For Profit Entity							
	☑Non Profit 501(c	:)(3)						
	□Non Profit 501(c	(4)						
	□Local Entity							
	□University or Co	llege						
	□Other (please sp	ecify)						
	d. First Name	Shirelle		Last Name	Simmons-Hudson			
	e. E-mail Address	Shirelle.S	Simmons@gcjfcs	.org				
	f. Phone Number	mber (727)608-2494						
17.	17. Lobbyist Contact Information							
	a. Name	Mark W. Anderson						
	b. Firm Name	Mark W.	Anderson					
	c. E-mail Address	Mark@C	onsultAnderson.	com				
	d. Phone Number	(813)205	-0658					