



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1230

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Expand direct services through mobile anti sex-trafficking teams to children, teens and young adults up to age 28, male & female. Expand ability to provide prevention and education services to school districts and local schools.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	550,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>550,000</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)	550,000	8%
<b>Matching Funds</b>		
Federal	5,767,649	81%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	792,654	11%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>7,110,303</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	500,000	315A	No

9. Is future funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

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

Federal VOCA funds and philanthropy

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

Yes

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

\$1,919,162 for Paycheck Protection Program (PPP)



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## 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	Salary and benefits for 1 Executive Director	44,530
Other Salary and Benefits	Salary and benefits for 1 Clinical Director and 2 Directors of Operations	50,000
Expense/Equipment/Travel/Supplies/Other	Office equipment, supplies, and travel	8,532
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries and benefits for frontline and support staff	303,918
Expense/Equipment/Travel/Supplies/Other	Provide mobile team services, educational campaign and training for schools, and community advocacy and awareness.	102,796
Consultants/Contracted Services/Study	Survivor mentor services per state statute.	40,224
<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>550,000</b>

### 14. Program Performance

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

Expand direct mobile anti sex-trafficking services to children, teens and young adults up to age 28, male & female. Expand ability to provide prevention and education services to school districts and local schools.

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

24-hour mobile crisis intervention services for at-risk or identified children, teens and young adult victims of sex trafficking that include counseling, case management and survivor led advocacy and support, as well as prevention and education to various populations to include law enforcement, medical providers, hotel and hospitality industry, community leaders and school districts and educational professionals.

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



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Persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless persons, developmentally disabled persons, drug users (in health services), grade school, high school, and university/college students, currently or formerly incarcerated persons, drug offenders (in criminal justice), victims of crime, and community members. More than 800 people will be served through both direct care services and prevention and advocacy efforts.

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

Persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless persons, developmentally disabled persons, drug users (in health services), grade school, high school, and university/college students, currently or formerly incarcerated persons, drug offenders (in criminal justice), victims of crime, and community members. More than 800 people will be served through both direct care service and prevention and advocacy efforts.

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

The project will improve physical and mental health, enrich cultural experience, improve quality of education, protect the general public from harm (environmental, criminal, etc.), improve transportation conditions, enhance specific individuals economic self sufficiency, reduce substance abuse, and divert from criminal/juvenile justice system.

**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?**

Repayment of funds.

**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