



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Curley's House - Hunger & Homeless Initiative

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/13/2017

4. **Project/Program Description:**

Our goal and purpose is to eradicate hunger in our elderly and homeless populations.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
275,000		275,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 275,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

**10. Is future-year funding likely to be requested?**

No

**11. Program Performance:**

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

To provide food and personal supplies to persons who cannot continually provide for themselves.

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

Address hunger (especially within our elderly population), homelessness, vagrancy and all the negative effects that accompany homelessness in Miami and the surrounding areas. In addition, we expect to stimulate the economy by creating new jobs through our private homeless facility shelter initiatives, while assisting homeless persons in becoming self-sufficient and productive members of society.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Executive Director (\$35,500); Assistant Director (\$30,000); Warehouse Supervisor (\$25,000); Office Manager (\$20,000).	110,500
<input checked="" type="checkbox"/> Other Salary and Benefits	Professional services, attorney's fees and stipends.	67,500
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel expenses, hotel, car rental, fuel, airfare, supplies, insurance, misc.	14,500



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<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Marketing & collaborative partner. Lysal Professional Marketing and Home Health Care Group, Inc. DBA Lysal Group.	82,500
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		275,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Food, personal supplies and self sustainability services.

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

Elderly persons, persons with poor mental and physical health, and jobless persons. Approximately 800 persons.

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

To assist individuals become self-sustaining and help them achieve better health overall. Outcomes will be measured through screenings, assessments and data collection.

**g. 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 in the contract?**

Goals and objectives will be monitored and tracked in order to show results and that our services and performance is satisfactory. If performance is not satisfactory, the funding will be returned.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

**13. Requestor Contact Information:**

**a. Name:** Lavern Elie-Scott



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- b. **Organization:** Curley's House of Style, Inc. & Hope Relief Food Bank
- c. **Email:** Curleyshouse6025@yahoo.com
- d. **Phone Number:** (786)262-2851

### 14. Recipient Contact Information:

- a. **Organization:** Curley's House of Style, Inc. & Hope Relief Food Bank
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Lavern Elie-Scott
- e. **E-mail Address:** Curleyshouse6025@yahoo.com
- f. **Phone Number:** (786)262-2851

### 15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**