

The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1389

1. Project Title EMPOWERING FAMILIES

2. Senate Sponsor Oscar Braynon

3. Date of Request 10/15/2019

4. **Project/Program Description**

CURLEY'S HOUSE IS A 501C3 GRASSROOTS ORGANIZATION FOUNDED IN AUGUST 2001 TO SERVE THE VERY POOR, LOW-TO-MODERATE INCOME INDIVIDUALS AND FAMILIES ON A MONTHLY BASIS WITH BULK FOOD PRODUCTS. MANY OF OUR CLIENTS ONLY RECEIVE \$400 IN SSI INCOME AND OUT OF THAT MUST PAY THEIR RENT, UTILITIES, PURCHASE MEDICINE, AND FOOD. MANY OF THE SENIORS ONLY RECEIVE \$5-\$17 IN FOOD STAMPS AND ARE CURRENTLY TAKING CARE OF THEIR GRANDCHILDREN OR GREATGRANDCHILDREN IN AN EFFORT TO KEEP THE FAMILY TOGETHER BECAUSE THE PARENT HAS BEEN KILLED IN THE GULF WARS, DOMESTIC VIOLENCE, ETC. THESE FUNDS WILL BE USED TO SECURE A LARGER FACILITY SO THAT OUR CLIENTS WILL NOT HAVE TO WITHSTAND INCLIMATE WEATER FROM 6AM-11AM IN PREPARATION FOR THE FOOD DISTRIBUTION. ADDITIONALLY WE TAKE THE SENIORS ON MOTHER'S/FATHER'S DAY LUNCHEONS,

5. State Agency to receive requested funds

Department of Elder Affairs

State Agency contacted? O Yes

No

6. Amount of the Nonrecurring Request for Fiscal Year 2020-2021

Type of Funding	Amount
Operations	383,917
Fixed Capital Outlay	000
Total State Funds Requested	383,917

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	383917	61.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	248,126	39 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	632,043	100 %

8. Has this project previously received state funding? • Yes • No

If yes, provide the most recent instance:

Fiscal Year	Amount		Specific	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	Vetoed

9. Is future-year funding likely to be requested? • Yes • No

If yes, indicate nonrecurring amount per year.

383.917



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other	RENT-\$30,000;FPL-\$18,000;TRASH REMOVAL-\$6,000; TEL &INTERNET-\$7,200;TRUCK RENTAL- \$12,000;FORK LIFT-\$7,140;WAREHOUSE EQUIP-\$7,577;OFFICE SUPPLIES-\$8,000;COMPUTERS, LAPTOPS & SOFTWARE -\$18,000; FOOD-\$60,000; MISC & CLEANING SUPPLIES-\$10,000; INSURANCE-\$25,000	208,917
Consultants/Contracted Services/Study	Project Director, \$40,000- Asst. Project Director, \$35,000, Administrator, \$30,000- Warehouse Manager, \$40,000 and Data Entry Clerk, \$30,000	175,000
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	383,917



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11. Program Performance

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

TO FEED SENIORS, INDIVIDUALS, AND FAMILIES FACING SEVERE FOOD INSECURITIES AS WELL AS EMPOWERING THEM BY TEACHING, TRAINING AND SHARING INFORMATION PERTINENT TO THEIR HEALTH CHALLENGES AS MANY OF THEM SUFFER FROM BREAST CANCER, COLON CANCER, PROSTATE CANCER, AND FOR MANY, THESE CHALLENGES CAN BE CURED BY CHANGING THEIR DIET.

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

THE CLIENTS WILL BE ENGAGED IN ATTENDING HEALTHY SEMINARS, AND DISTRIBUTED HEALTHY FLYERS REGARDING THEIR PARTICULAR CHALLENGES. ADDITIONALLY, THE SENIORS WILL BE ENGAGED IN GROUP SOCIAL ACTIVITIES SUCH AS ANNUAL MOTHER AND FATHERS DAY LUNCHEONS, ANNUAL SPORTS EVENTS, MARLINS, DOLPHINS, AND HEAT GAMES. THESE ARE THINGS THEY LIKE TO ATTEND AND ARE UNABLE TO AFFORD FOR THEMSELVES. THIS KEEPS THEM ENGAGED AND PREVENTS DEPRESSION BY BEING INVOLVED WITH A GROUP SETTING.

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

BULK FOOD PRODUCTION DISTRIBUTION TO SUPPLEMENT THEIR FOOD INSECURITIES, ENGAGE IN GROUP SOCIAL ACTIVITIES TO ENSURE INTERACTION WITH THE MAIN STREAM, AND HELP PREVENT DEPRESSION. IT IS PROVEN, THAT WHEN SENIORS ARE SOCIALLY ENGAGED AND ACTIVE, THEY ARE LESS LIKLEY TO SUFFER FROM DEPRESSION AND WILL HOPEFULLY LIVE LONGER.

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

APPROXIMATELY 800 SENIORS 62 AND OVER THAT ARE VERY POOR, LOW-TO-MODERATE INCOME INDIVIDUALS AND FAMILIES.

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

WITH THE HEALTH AND WELLNESS PORTION, MORE SENIORS WILL TAKE ADVANTAGE OF EATING AND COOKING HEALTHY AS WELL AS ENGAGING IN MORE EXERCISE, THEREBY REDUCING DIABETES, HIGH BLOOD PRESSURE, AND HOPEFULLY THEY WILL BE ABLE TO DISCARD SOME OF THE MEDICATIONS THAT CAUSE DANGEROUS SIDE EFFECTS.

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 in the contract?

IF APPROPRIATELY FUNDED, THE MISSION WILL BE ACCOMPLISHED AND SENIORS AND LOW-TO-MODERATE INCOME FAMILIES WILL BE EATING HEALTHIER AND PRACTICING HEALTHIER LIFESTYLES.



13.

14.

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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. 12.

NC	DT APPLICABLE	
Red	questor Contact	t Information
a.	First Name	LAVERN Last Name SPICER
b.	Organization	CURLEY'S HOUSE OF STYLE, INC
C.	E-mail Address	curleyshouse6025@yahoo.com
d.	Phone Number	(305)759-9805 Ext. 1001
Red	cipient Contact	Information
a.	Organization	CURLEY'S HOUSE OF STYLE, INC
b.	Municipality and	County Miami-Dade
	Organization Typ	
	For-profit E	ntity
	Non-Profit 5	-
	O Non-Profit 5	501(c) (4)
	O Local Entity	,
	O University o	or College
	Other (please)	se specify)Non Profit 501(c) (3)
d.	First Name	LAVERNE Last Name HOLLIDAY
e.	E-mail Address	curleyshouse6025@yahoo.com
f.	Phone Number	(305)7599805
Lol	bbyist Contact I	nformation
a.	Name	None
b.	Firm Name	None
C.	E-mail Address	
d.	Phone Number	Ext.