



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1874

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The Lotus House Women's Shelter Education and Employment Program delivers life-changing employment and educational support, training, services, referrals and internships/employment and job placement to high special needs homeless women and youth.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

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

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="200,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	200,000

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)	<input style="width: 80%;" type="text" value="200000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	200,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="100,000"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="127"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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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		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits	Wages and Benefits - 0.25 FTE Programming Director; 2 FTE Education and Employment Coordinator; 0.25 FTE Working Classroom Kitchen Culinary Program Manager; 0.25 Working Classroom Kitchen Manager; on-site client job training internships.	175,000
Expense/Equipment/Travel/Supplies/Other	Uniforms, books, course fees, work shoes, postage, office supplies, licenses.	25,000
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		200,000



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11. Program Performance

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

The Lotus House Women's Shelter Education and Employment program delivers life-changing employment and educational support, training, services, referrals and internships/employment and job placement to high special needs homeless women and youth.

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

Education support/counseling, job readiness training, job training, internships, assistance with job search.

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

Education support/counseling, job readiness training, job training, internships, assistance with job search.

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

All program clients are high special needs homeless women/youth and children, with one or more of the other characteristics noted.

Persons with poor mental health
Persons with poor physical health
Jobless persons
Economically disadvantaged persons
At-risk youth

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

Improve quality of education: 65 homeless women/female youth will receive one on one education support counseling and assistance in applying for education completion and/or training; 45 homeless women/female youth will begin or complete high school diploma/GED and/or other vocational training; 255 homeless women/female youth will have access to computers and instruction in computers when needed (Summary of service spreadsheet.

Create specific immediate job opportunities: 42 homeless women/female youth will receive paid/unpaid employment internships; 110 homeless women/female youth will obtain employment or increase employment income by program exit.

- 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?

No payment when deliverables not met.

CONTINUED FROM E.: 150 homeless women/female youth will receive one on one employment coaching; 75 homeless women/female youth will participate in a job search workshop; 180 homeless women/female youth will complete Casey Life Skills assessment; 150 will participate in life skills group or individual program/training; 110 will receive intensive retail, Barista, e-commerce or other vocational certification training (e.g., home health aide, security, etc.); 140 will be offered appropriate work clothing accessories; 42 will receive paid internships; 110 will obtain jobs or increase job income.



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12. **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.**

Not Applicable

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.