



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3204

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

4. Project/Program Description

Funding to operate and expand capacity of the NISSI Survivor Center which provides short-term immediate care, short-term residential replacement, and coordination of services and continue of care for victims of human trafficking and sexual exploitation in Florida.

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

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

Type of Funding	Amount
Operations	182,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>182,000</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)	182,000	86%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	30,000	14%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>212,000</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	435,000	1304A	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.
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No

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



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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	Two lead positions: Director of Survivor Services \$62,400 and Director of Mission and Impact \$31,200 Survivor service Coordinator (\$31,200), Case Manager (\$52,000), House Manager (\$41,600) (Pro-rated)	85,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Counseling services - \$21,600; Transpiration and Security (\$73,800); and Accounting services (\$12,000) (Pro-rated)	52,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Utilities for services, software are accounting, client intake and referral service, and coordination of care	45,000
Consultants/Contracted Services/Study		0
<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>182,000</b>

**14. Program Performance**

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

The purpose of these funds is to bridge the gap for survivors who are not mentally or emotionally fit to navigate available resources or the process to receive care or provide for themselves at this time. Intake and referral services allow us to match the participants with the appropriate needed care, provide treatment, advocate for, navigate services, identify programs and transport them to their next step towards freedom.

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



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Short term residential care up to seven days, 24/7 security, immediate needs met, referrals for mental emotional, and physical care needs, advocacy, transportation and security. Hosting and coordination of the Esca Rosa Multidisciplinary Response Team and Survivor Intake and Referral System.

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

As one-of-its kind, short term immediate care facility will be available for Florida citizens that can meet the immediate needs for those who are rescued from or are making and active effort to leave the life of trafficking or sexual exploitation.

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

Adult, females. We average 36 per year.

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

Outcome would be to maintain a needed service in our state in order to grow awareness and support having assisted on average 36 individuals per year. Our goal is to replicate this model in various parts of the state in order to bring more resources to more Floridians trapped in slavery.

**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?**

Retribution 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
- f. Phone Number



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#### 17. Lobbyist Contact Information

a. Name	<input type="text" value="None"/>
b. Firm Name	<input type="text" value="None"/>
c. E-mail Address	<input type="text"/>
d. Phone Number	<input type="text"/>