



# The Florida Senate

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

1. **Title of Project:** S.A.L.A.D. Pro Bono Equal Access to Justice

2. **Senate Sponsor:** Jose Rodriguez

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

Pro-Bono foreclosure and credit legal assistance to eligible participants

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 Legal Affairs and Attorney General

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
250,000		250,000

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):** 250,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 4

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		75,000	75,000

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

Yes

#### a. If yes, indicate non-recurring amount per year.

\$250,000

### 11. Program Performance:

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

Pay 2 attorneys and legal assistants to provide pro-bono direct services to program participants

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

Provide pro-bono services to eligible families and/or individuals

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

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Attorney / case managers	180,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Expense/other	55,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Accounting/taxes/financial/other	15,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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

To provide pro bono direct legal services to program participants

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

All eligible residents of Miami-Dade County with maximum income of 275% of Federal Poverty Guidelines. The project will serve approximately 250 people.

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

To provide pro bono services to eligible families and/or individuals to protect their property interests or rights under Florida Statute. Through intake filings that are monitored through quarterly reports.

**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?**

The program has shown documented success in community and standard penalty, if any, should suffice.

**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:** Erick Deeb
- b. **Organization:** Spanish American League Against Discrimination
- c. **Email:** info@saladonline.org
- d. **Phone Number:** (305)854-2663

**14. Recipient Contact Information:**

- a. **Organization:** Spanish American League Against Discrimination
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - ☐ For Profit



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

- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☒ Other (Please specify) Not for profit corporation

**d. Contact Name:** Angel Gutierrez

**e. E-mail Address:** Agutier859@aol.com

**f. Phone Number:** (305)778-1899

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**