



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1327

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This project will offer safety to women victims of human trafficking through providing resources and treatment to address mental health, substance abuse, and trauma as a result of being trafficked including disruption of daily living activities. Assist with safe and permanent housing and employment so the women do not return to their former life. There is currently no licensed or formal program targeting this issue and the spectrum of challenges it creates in our community.

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: 100%;" type="text" value="350,000"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="000"/>
Total State Funds Requested	350,000

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: 100%;" type="text" value="350,000"/>	<input style="width: 100%;" type="text" value="100.0 %"/>
Matching Funds		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
Local	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
Other	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
Total Project Costs for Fiscal Year 2020-2021	350,000	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: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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	Indirect Administrative funds not to exceed 10% of request including financial, contract management, and oversight.	35,000
Other Salary and Benefits	Clinical Director to oversee program = 5% of her salary, .5 FTE Case Manager	28,000
Expense/Equipment/Travel/Supplies/Other	NA	0
Consultants/Contracted Services/Study	NA	0
Operational Costs: Other		
Salary and Benefits	1 FTE Counselor to meet with and provide all services to the client.	45,000
Expense/Equipment/Travel/Supplies/Other	Office, desk, computer, laptop, phone, supplies (office), and travel to meet and assist clients to services.	42,000
Consultants/Contracted Services/Study	Permanent housing, residential fees, Liability insurance, Misc expense (bus passes, ID's, emergency housing).	200,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		350,000



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11. Program Performance

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

Offer safety to women victims of human trafficking through providing resources and treatment to address mental health, substance abuse, and trauma as a result of being trafficked including disruption of daily living activities. Assist with safe and permanent housing and employment so the women do not return to their former life. There is currently no licensed or formal program targeting this issue and the spectrum of challenges it creates in our community. We are #1 in Florida for Human trafficking.

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

Counseling, housing, employment services, trauma reduction and ongoing support.

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

Residential treatment program for women offering permanent housing, out patient counseling, after care support, employment supportive services. We are licensed by the state and internationally accredited to deliver these services with a high rate of success for over 40 years.

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

Persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, homeless persons, drug users (in health services), victims of crime, and women victims of human trafficking. (Age 25-50).

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

Improve physical health - attendance to Doctor Appointments; Improve mental health - monthly symptoms check list and discharge plans; Protect the general public from harm (environmental, criminal, etc.) - housing confirmed at discharge; Enhance specific individual's economic self sufficiency - Questionnaire completed at discharge; Reduce Recidivism - Review of arrest records and follow up surveys; Reduce substance abuse - Random UDS monitoring; Divert from criminal/juvenile justice system - monitor through program anticipation; and Protection from domestic violence - participation records.

- 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?

Return of state funds.



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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.**

NA

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.