



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2287

1. **Project Title** 2. **Senate Sponsor** 3. **Date of Request** 4. **Project/Program Description**

Fall into Fabulous (FIF) empowerment program is a social safety net that address the critical life issues which, often times, prevent women from restarting, refocusing, and reimagining what's possible in their lives. The six-month curriculum based program has a strong focus in health and wellness (including mental health), financial improvement, continuing education, community service, career readiness, and personal branding. Each weekly 90-minute session is facilitated by a community expert/professional, providing tools and resources needed to improve participants' current situations. These six areas are vital to rebuilding self-esteem, knowledge, and power to create proven life changes. When you change the life of a woman, you change the life of six generations. FIF breaks the cycle of despair, dysfunction, and disappointment, while teaching the importance of resilience, self-sufficiency, and courage in the face of adversity.

5. **State Agency to receive requested funds** State Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="150,000"/>
Fixed Capital Outlay	<input type="text" value="000"/>
Total State Funds Requested	150,000

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 type="text" value="150000"/>	<input type="text" value="75.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="50,000"/>	<input type="text" value="25"/> %
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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ NoIf 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	Full-time Executive Director - \$60,000	60,000
Other Salary and Benefits	Part-time Admn. Asst. & Part-time Program Coordinator	30,000
Expense/Equipment/Travel/Supplies/Other	Supplies - \$8,500; Travel - \$1,500; Equipment - \$2,500; Storage - \$2,500; Insurance - \$3,000; Wrap-Around Services - \$600	18,600
Consultants/Contracted Services/Study	Bookeeping & Legal - \$3,000	3,000
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Printing - \$2,500; Marketing - \$3,000; Bank fees - \$3,000; Postage - \$600; Dues & Memberships - \$1,800; Internet & Website - \$3,000; Space rental - \$2,500	16,400
Consultants/Contracted Services/Study	Fundraising consultant - \$12,000 Bookeeping, Audit, & Legal - \$10,000	22,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		150,000



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11. Program Performance

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

The primary purpose is to provide resources and tools for women to regain their confidence, redefine their value, and rebuild their self-sufficiency. The result of the program is a stronger woman, who becomes a stronger provider and ultimately helps to build a stronger community.

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

Activities and services offered to the woman are: Back-to-School Backpack Scavenger Hunt, healthy cooking classes, mental health coaching sessions, financial improvement sessions, group community service projects, resume writing and interviewing sessions, and etiquette sessions.

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

Participating citizens will have direct access to mental health providers, financial wealth advisors, health and wellness coaches and human resource professionals.

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

The target population is women ages 25 to 65, who are experiencing depression, sexual abuse/violence, divorce, job loss and/or death of a loved one. As a result they have become paralyzed, discouraged, or even hopeless. FIF expects to serve more than 200 women and children.

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

The expected outcomes are: acquire healthy tools to break the cycle of abuse and prevent violence; improve wellness through healthier lifestyle choices; develop a budget to manage cash flow; develop a plan to reduce debt; and develop a detailed, practical plan based on a targeted career. A pre- and post-test is given to measure the outcomes.

- 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?

Standard contract penalties are sufficient.



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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.

N/A

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.