

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 2200

1. Project Title	NISSI Short-term Immediate Care Facility and Response Team for Victims of Human Trafficking
2. Senate Sponsor	Doug Broxson
3. Date of Request	01/10/2022

4. Project/Program Description

NISSI has identified what we believe to be the biggest need in this puzzle of survivor advocacy and are working to establish the first, short-term, immediate care facility for survivors coming out of a trafficking or exploitation situation. It is a community based- holistic program that meets their immediate needs while empowering them with the tools to take the next step towards a long-term, aftercare program. While giving them a safe place to think and choose their next steps during their seven days at our facility they are given access to medical care, mental health care, case advocacy, and survivor mentorship. Due to the nature of the needs this appropriation requests is to help fund the purchasing of a permanent facility where these services can be conducted in a safe environment, in addition to the salary for a program director in year one with a clinical background. This program is going to greatly impact the survuval rate of victims of human trafficking which is ccurently 1% o

5. State Agency to receive requested funds		Department of Legal Affairs and Attorney General
State Agency contacted?	No	

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	285,000
Total State Funds Requested	435,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	435,000	73%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	27%
Total Project Costs for Fiscal Year 2022-2023	585,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

	(3333 337	Recurring	Nonrecurring			
9.	Is future funding li	kely to be requeste	ed?	Yes		
	a. If yes, indicate nonrecurring amount per year.			500,000		
	b. Describe the so	urce of funding tha	at can be used in li	eu of state funding	ı .	
	donations					



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10	. Has the er	ntity requesting	this project receive	ved any federal a	issistance rela	ated to the COVIL	0-19 pandemic?	•
	No							
	If yes, indi	cate the amoun	of funds received	d and what the fu	ınds were use	ed for.		

11. Details on how the requested state funds will be expended

Spending Category	Description			
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	Clinical Program Director with a medical/therapeutic background	75,000		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits	Administrative Coordinator	40,000		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering	Facility for advocacy center/short term immedate care facility	285,000		
otal State Funds Requested (must equal total from question #6) 400,000				

12. Program Performance

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

Provide a permanant facility to provide services and community based, survvior centric advocacy to victims of human trafficking. A community based, one stop shop of resources for the survivors vs them being arrested or expected to find resrouces on their own, thus reoffending or returning to their trafficker.

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

Purchase facility to provide services and immedate needs Hire Clinical director to coordinate care and case management of those in our care Hire an adminsitrative coordinator to assist in day-to-day operaions and compliance

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

vulernable, margenalized, abused, and underserved individuals in our community who have expereinced trafficking or exploitation will receive tools of empowerment and sustainable solutions to help them find retoration, and ultimately be reintegrated back into our community. Additioanly our model reduces crime, and increases economic prosperity

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

Women - 50-100 per year

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



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We will move the needle on the number of survivors estimated to find restoration after being trafficked or exploited from 1% to significantly higher. The only way we this can be accomplished is by coordinating a community - based approach, meeting immediate needs, and providing survivor mentors as we walk through each step of the restoration journey with these individuals. Data will be tracked along the way to meassure success of reentry back into the community post - aftercare program by those who do not return to "the life"

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		

13.	The owners of the facilit	y to receive, directl	y or indirectly,	, any fixed capital	outlay funding.	Include the
	relationship between the	owners of the faci	lity and the en	tity.		

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14.

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14. Requestor Contact	l Informat	ion				
a. First Name	Sara		Last Name	Lefevers		
b. Organization	NISSI Wo	IISSI Worldwide operating as The NISSI Project				
c. E-mail Address	slefevers	lefevers@thenissiproject.org				
d. Phone Number	(850)757	-0150	Ext.			
15. Recipient Contact	Informatio	on				
a. Organization	NISSI Wo	orldwide operatin	g as The NIS	SSI		
b. Municipality and	l County	Escambia				
c. Organization Ty	ре					
□For Profit Entity						
☑Non Profit 501(c	(c)(3)					
□Non Profit 501(c	:)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	ecify)					
d. First Name	Sara		Last Name	Lefevers		
e. E-mail Address	slefevers	@thenissiproject	.org			
f. Phone Number						
16. Lobbyist Contact I	nformatio	n				
a. Name	None					
b. Firm Name	None					
c. E-mail Address						
d. Phone Number			<u> </u>			