

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1076

1. Project Title	Here's Help				
2. Senate Sponsor	Lauren Book				
3. Date of Request	11/03/2023				
4. Project/Program De	scription				
Miami-Dade County. of successful treatme	The funding helps tent outcomes. Here	to meet community 's Help has been ve	demand for these se ery successful in trans	ervices. Here's Help sitioning the lives o	rvices to adolescents in has a long track record f those that have been system, to becoming
5. State Agency to rec	eive requested fur	nds Departme	ent of Children and Fa	amilies	
State Agency contact	cted? Yes				
6. Amount of the Nonre		for Fiscal Year 202	24-2025		
Type of Funding			Amo	unt	
Operations				250,000	
Fixed Capital Outlay				0	
Total State Funds R	equested			250,000	
7. Total Project Cost fo	or Fiscal Year 2024	l-2025 (including r	natching funds ava	ilable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds Requested (from question #6)			250,000	44%	
Matching Funds					
Federal			0	0%	
State (excluding the amount of this request)			200,000	34%	
Local				0%	
Other	Other			22%	
Total Project Costs	for Fiscal Year 20	24-2025	580,000	100%	
8. Has this project pre	viously received s	tate funding?	Yes		
Fiscal Year (yyyy-yy)	Amo Recurring	unt Nonrecurring	Specific Appropriation #	Vetoed	
2023-24	200,000	250,000	378	No	
9. Is future funding like	ely to be requeste	d?	Yes		-
a. If yes, indicate no	onrecurring amour	nt per year.	250,000		
b. Describe the sou	rce of funding tha	t can be used in lie	eu of state funding.		
Private fundraising e	efforts, which have	decreased significa	ntly in this economy.		
10. Has the entity requ	esting this projec	t received any fed	eral assistance rela	ted to the COVID-	19 pandemic?
Yes					



\$284,429 used for payroll

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

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250,000

250,000

0

Complete questions 11 a	nd 12 for Fixed Cap	ital Outlay Proj	ects
11. Status of Construction			
a. What is the current phase of t	the project?		
Planning Design	Construction N/	A	
b. Is the project "shovel ready"	(i.e permitted)?		
c. What is the estimated start da	ate of construction?		
d. What is the estimated comple	etion date of construction?		
12. List the owners of the facility t relationship between the owners	o receive, directly or indirectry or the facility and the en	ctly, any fixed capital tity.	outlay funding. Include the
13. Details on how the requested s	tate funds will be expended	I	
Spending Category	Description Amount		
Administrative Costs:			
Executive Director/Project Head Salary and Benefits			0
Other Salary and Benefits			0
Expense/Equipment/Travel/Supplies/ Other			0

14. Program Performance

Planning Engineering

Consultants/Contracted Services/Study

Consultants/Contracted

Salary and Benefits

Services/Study

Other

Operational Costs: Other

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

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

Total State Funds Requested (must equal total from question #6)

Individuals with substance abuse and co-occurring disorders have been diverted from a life of criminal justice involvement to leading a drug free life, continuing their education, and becoming a productive citizen.

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

Residential therapists and milieu.

Individual, group and family therapy sessions, as well as educational / vocational courses that enhance the individual's ability to be a confident, well adjusted and skilled person.



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Residential subst	ance abus	e treatment servi	ces.			
d. Who is the targ	get popula	tion served by t	his project?	How many	individuals a	re expected to be served?
Adolescents ages	s 13-17 with erved annu	h substance abus	se and co-oc	curring issue	es. Most are cr	iminal justice referrals. 27
					s the methode	ology by which this outcome will
be measured?						
That 70% of the p Successful compl goals.	persons ser etion is det	rved will positivel ermined by a per	y complete the son served b	ne program a peing 100%	and 90% enroll drug free and c	led in school at discharge. completed 75% of their treatment
f. What are the su	uggested p	enalties that the	e contractin	g agency m	ıay consider i	n addition to its standard penaltie
for failing to mee	t deliverab	oles or performa	ınce measur	es provided	d for the contr	act?
Proportional fund	ing suspen	ided.				
5. Requester Contac	t Informat	ion				
a. First Name	Steve		Last Name	Safron		
b. Organization	Here's Help, Inc.					
c. E-mail Address	ssafron@hereshelpinc.com					
d. Phone Number	(305)685	(305)685-8201 Ext. 222				
6. Recipient Contact	Informati	on				
a. Organization	Here's H	Here's Help,Inc.				
b. Municipality an	d County	Miami-Dade				
c. Organization Ty	/pe					
□For Profit Entity	′					
☑Non Profit 501(c)(3)					
□Non Profit 501(c)(4)					
□Local Entity						
□University or Co	ollege					
□Other (please s	specify)					
d. First Name	Steve		Last Name	Safron]
	ssafron@hereshelpinc.com					
e. E-mail Address	s ssafron@	yhereshelpinc.co	m			
e. E-mail Address f. Phone Number	(305)685	•	<u>m</u>]

Susan K Goldstein

a. Name



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b. Firm Name	The Legis Group
c. E-mail Address	susan@legisgroupfl.com
d. Phone Number	(954)830-6300