

**LFIR # 1607** 

| A. Duntant Titl                                | E D   | (11                                   |                          |  |                        |  |  |
|--|---|---------------------------------------|--------------------------|--|------------------------|--|--|
| 1. Project Title                               | Every Dream Begins  | s at Home Prog                        | ram                      |  |                        |  |  |
| 2. Senate Sponsor                              | Alexis Calatayud  |                                       |                          |  |                        |  |  |
| 3. Date of Request                             | 11/27/2023  |                                       |                          |  |                        |  |  |
| 4. Project/Program De                          | scription   |                                       |                          |  |                        |  |  |
| families in our community program provides toy | unity. Adopting familie<br>'s during the holidays t<br>n for 8 weeks in which | s throughout the<br>to assist the fan | nilies and bring them id | ng, food, and other<br>by. The program off | basic necessities. The |  |  |
| 5. State Agency to rec                         | eive requested funds  | <b>S</b> Departm                      | ent of Children and Fa   | amilies                                    |                        |  |  |
| State Agency contact                           | cted? No  |                                       |                          |  |                        |  |  |
| 6. Amount of the Nonre                         | ecurring Request for  | Fiscal Year 20                        | 24-2025                  |  |                        |  |  |
| Type of Funding                                |   |                                       | Amount                   |  |                        |  |  |
| Operations                                     |   |                                       |                          | 350,000                                    |                        |  |  |
| Fixed Capital Outlay                           |   |                                       |                          | 0  |                        |  |  |
| <b>Total State Funds R</b>                     | equested  |                                       |                          | 350,000                                    |                        |  |  |
| 7. Total Project Cost fo                       | or Fiscal Year 2024-2   | 025 (including                        | matching funds avai      | lable for this proje                       | ect)                   |  |  |
| Type of Funding                                |   |                                       | Amount                   | Percentage                                 |                        |  |  |
|  | quested (from questic   | on #6)                                | 350,000                  | 64%  |                        |  |  |
| Matching Funds                                 |   |                                       | -                        |  |                        |  |  |
| Federal  |   | ,                                     | 0                        | 0%   |                        |  |  |
|  | State (excluding the amount of this request)                                  |                                       | 0                        | 0%   |                        |  |  |
| Local<br>Other                                 |   |                                       | 200,000                  | 0%<br>36%                                  |                        |  |  |
|  | for Figure Voor 2024  | 2025                                  | ·                        | 100%                                       |                        |  |  |
| Total Project Costs                            | ioi riscai feai 2024  | -2025                                 | 550,000                  | 10076                                      |                        |  |  |
| 8. Has this project pre                        | viously received stat   | te funding?                           | No                       |  |                        |  |  |
| Fiscal Year                                    | Amoun   |                                       | Specific Appropriation # | Vetoed                                     |                        |  |  |
| (уууу-уу)                                      | Recurring 1   | Nonrecurring                          | Appropriation #          |  |                        |  |  |
|  |   |                                       |                          |  |                        |  |  |
| 9. Is future funding like                      | ely to be requested?  |                                       | Yes                      |  |                        |  |  |
| a. If yes, indicate no                         | nrecurring amount p   | oer year.                             | 350,000                  |  |                        |  |  |
| b. Describe the sou                            | rce of funding that ca  | an be used in I                       | ieu of state funding.    |  |                        |  |  |
| Corporate contributi                           |   |                                       |                          |  |                        |  |  |
| Corporate contribution                         | ons   |                                       |                          |  |                        |  |  |
| 10. Has the entity requ                        |   | eceived any fed                       | deral assistance rela    | ted to the COVID-1                         | 19 pandemic?           |  |  |



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| If yes, indicate the amount of funds received and what the funds were used for. |
|---|
| PPP Loan Forgiveness for payroll expenses \$25,000                              |
|   |
| complete questions 11 and 12 for Fixed Capital Outlay Projects                  |
|   |

| 11. | Status of Const   | truction          |   |        |                     |                |
|-----|-------------------|-------------------|---|--------|---------------------|----------------|
|     | a. What is the cu | urrent phase of t | the project?                                      |        |                     |                |
|     | Planning          | O Design          | Construction                                      | O N/A  |                     |                |
|     | b. Is the project | "shovel ready"    | (i.e permitted)?                                  |        |                     |                |
|     | c. What is the es | stimated start da | ate of construction?                              |        |                     |                |
|     | d. What is the e  | stimated comple   | etion date of constru                             | ction? |                     |                |
| 12  |                   |                   | o receive, directly or<br>ers of the facility and |        | oital outlay fundin | g. Include the |
|     |                   |                   |   |        |                     |                |

### 13. Details on how the requested state funds will be expended

| Spending Category   | Description   | Amount  |  |  |  |
|---|---|---------|--|--|--|
| Administrative Costs:   |   |         |  |  |  |
| Executive Director/Project Head Salary and Benefits             |   | 0       |  |  |  |
| Other Salary and Benefits                                       |   | 0       |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                     |   | 0       |  |  |  |
| Consultants/Contracted<br>Services/Study                        |   | 0       |  |  |  |
| Operational Costs: Other  |   |         |  |  |  |
| Salary and Benefits   | Project Coordinator; Camp Director; Counselors  | 107,000 |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                     | Food; clothing; basic necessities (furniture; mattresses; other); Field Trips; supplies (games, books, software, art supplies, etc); Toys; gift cards; wrapping paper; t-shirts; insurance; transportation; space rental. | 243,000 |  |  |  |
| Consultants/Contracted<br>Services/Study                        |   | 0       |  |  |  |
| Fixed Capital Construction/Major Renovation:                    |   |         |  |  |  |
| Construction/Renovation/Land/<br>Planning Engineering           |   | 0       |  |  |  |
| Total State Funds Requested (must equal total from question #6) |   |         |  |  |  |

#### 14. Program Performance

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

The goal achieved through the request and acquisition of these funds would be to achieve the goals of our initiatives and the growth of our "Every Dream Begins at Home" program with the appropriate funding.

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



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Adopt 50+ families where our volunteers provide clothing, food, and other basic necessities. Bring joy to less fortunate children during the holidays and distributing over 3,000 toys and gift cards, and offering a free eight week summer camp to children ages 7-13 to keep them in a safe, learning environment so parents can go to work.

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

Over 50 families will be provided much needed items like clothing, food, other basic needs to and leave an impact and opportunity for betterment in each family. Over 3,000 children will receive a toy during the holidays bringing joy to less fortunate families. Over 250+ children 7-13 will have an opportunity to attend a FREE 8 week summer camp that offers a safe and learning environment so parents can go to work.

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

We target low income families and communities and student population eligible for free/reduced lunch and serve over 3,000 children annually.

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

With this program we expect to alleviate some financial burdens with families struggling to make ends meet. Adopt a family identifies basic necessities and aims to assist for the betterment of the household. Summer camp offers an opportunity for children to be safe while still learning and parents can go to work knowing their children are not home alone or in the street. Toys are received by over 3,000 children bringing much needed joy to less fortunate families.

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?

Failure to meet deliverables or performance measures may lead to corrective action up to and including contract termination.

| 15. Requester Contact Information |   |   |           |           |  |  |
|-----------------------------------|---|---|-----------|-----------|--|--|
| a. First Name                     | Ernesto                                       |   | Last Name | Portuondo |  |  |
| b. Organization                   | The Kiwa                                      | The Kiwanis of Little Havana Foundation, Inc. |           |           |  |  |
| c. E-mail Address                 | ernie@m                                       | ernie@marazulmarinegroup.com                  |           |           |  |  |
| d. Phone Number                   | (305)336                                      | -8874   | Ext.      |           |  |  |
| 16. Recipient Contact Information |   |   |           |           |  |  |
| a. Organization                   | The Kiwanis of Little Havana Foundation, Inc. |   |           |           |  |  |
| b. Municipality and               | b. Municipality and County Miami-Dade         |   |           |           |  |  |
| c. Organization Type              |   |   |           |           |  |  |
| □For Profit Entity                | □For Profit Entity                            |   |           |           |  |  |
| ☑Non Profit 501(c                 | ☑Non Profit 501(c)(3)                         |   |           |           |  |  |
| □Non Profit 501(c                 | □Non Profit 501(c)(4)                         |   |           |           |  |  |
| □Local Entity                     | □Local Entity                                 |   |           |           |  |  |
| □University or Co                 | llege   |   |           |           |  |  |
| □Other (please sp                 | oecify)                                       |   |           |           |  |  |
|                                   |   |   |           |           |  |  |



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| d. First Name                    | Ernesto                      | Last Name | Portuondo |  |  |
|----------------------------------|------------------------------|-----------|-----------|--|--|
| e. E-mail Address                | ernie@marazulmarinegroup.com |           |           |  |  |
| f. Phone Number                  | (305)336-8874                |           |           |  |  |
| 17. Lobbyist Contact Information |                              |           |           |  |  |
| a. Name                          | Andreina Figueroa            |           |           |  |  |
| b. Firm Name                     | ADF Consulting LLC           |           |           |  |  |
| c. E-mail Address                | Adf@adfconsulting.com        |           |           |  |  |
| d. Phone Number                  | (786)586-7001                |           |           |  |  |