

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

LFIR # 1721

| 1. Project Title H.O.P.E. (Helping Our People Everyday) Mission, Inc. 2. Senate Sponsor Bryan Avila 3. Date of Request 11/09/2023 4. Project/Program Description Support for an Dept of Children of Families designated ACCESS center in Northwest Miami-Dade County. Services are provided to enhance the quality of life of individuals across our community through individual and family services, community programs, and partnerships with other organizations. Moreover, connect and provide residents/underserved communities in Miami-Dade County with information and recommendations on available resources and benefits. 5. State Agency to receive requested funds State Agency contacted? Yes 6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025 Type of Funding Amount Operations 105,000 7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project) Type of Funding Amount Percentage Total State Funds Requested (from question #6) 105,000 68% Matching Funds Federal 0 0 0% State (excluding the amount of this request) 0 0% State (excluding the amount of this request) 0 0% State (excluding the amount of this request) 105,000 32% Other 0 0 0% Total Project Costs for Fiscal Year 2024-2025 155,000 100% 8. Has this project previously received state funding? Yes Fiscal Year Amount Amount Appropriation # Ves Fiscal Year Amount Appropriation # Ves If yes, indicate nonrecurring amount per year. 105,000 Describe the source of funding that can be used in lieu of state funding. None identified at this time. 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic? No If yes, indicate the amount of funds received and what the funds were used for. | | | | | | | | | |
|--|--|--|---|--|--------------------|---------------------------------|---|--------------------------------------|--|
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| No | 10 | Has the entity requ | lesting this projec | rt received any | federal | assistance rel | ated to the COVID | .19 nandemic? | |
| | | | acoung uno projet | n received ally | icucial | assistance rel | ated to the COVID | To panaenne : | |
| | | | amount of funds r | eceived and w | hat the | funds were use | ed for | | |



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| . Status of Const | | he 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 | te of construction? | | |
| d. What is the e | stimated comple | tion date of constru | ction? | |
| | | o receive, directly or | | pital outlay funding. 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 | Executive Director | 45,000 | | | | |
| Other Salary and Benefits | | 0 | | | | |
| Expense/Equipment/Travel/Supplies/Other | | 0 | | | | |
| Consultants/Contracted Services/Study | | 0 | | | | |
| Operational Costs: Other | | | | | | |
| Salary and Benefits | | 0 | | | | |
| Expense/Equipment/Travel/Supplies/ Other | Direct service and supplies to assist clients, equipment, office operating expenses such as security, Wi-Fi service, copier, IT support, memberships, licenses, rental of office space and food pantry space. | 60,000 | | | | |
| Consultants/Contracted Services/Study | | 0 | | | | |
| Fixed Capital Construction/Major Renovation: | | | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | | | |
| Total State Funds Requested (must equal total from question #6) 105,000 | | | | | | |

14. Program Performance

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

To support services to residents of Miami-Dade County specifically in NW portion of the county. H.O.P.E is certified by DCF as an ACCESS Centerr. The services provided enhance the quality of life of individuals across our community through individual and family services, community programs, and partnerships with other organizations. Moreover, connect and provide residents/underserved communities in Miami-Dade County with information and recommendations on available resources and benefits.

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



15. Requester Contact Information

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Daily we assist low-income with Medicaid/Medicare applications, food stamps applications, workforce development, employment referral, citizenship applications, housing applications, utilities, and rental assistance applications.

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

The direct services will vary based on cases where no assistance may be available and could include but not limited to rental assistance, electrical or utilities payments, medical services, food assistance, diapers, formula, clothing and other baby items for homeless and battered women, and burial expenditure assistance.

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

We assist everyone that comes to our doors that meet the federal definition of low-income.

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

The benefit would be filling gaps in community services, and identifying solutions to unmet needs in northwest Miami-Dade to ultimately leading our residents in overcoming hurdles to reach their next step in the life's journey.

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?

Penalties may be assessed upon each separate failure to comply with instructions from the Department to complete corrective action, but shall not exceed ten (10%) of the total contract payments during the period in which the correction action plan has not been implemented or in acceptable progress toward implementation has not been made. These penalties do not limit or restrict the Departments application of any other remedy available to it under law.

| a. First Name | Fanny | Last Name | Montes | | | |
|--|------------------------|-----------|--------|--|--|--|
| b. Organization | H.O.P.E. Mission, Inc. | | | | | |
| c. E-mail Address | fanny@hopemissioncente | er.com | | | | |
| d. Phone Number | (305)456-1514 | Ext. | | | | |
| Recipient Contact Information | | | | | | |
| a. Organization H.O.P.E. Mission, Inc. | | | | | | |
| b. Municipality and County Miami-Dade | | | | | | |
| c. Organization Ty | ре | | | | | |
| □For Profit Entity | □For Profit Entity | | | | | |
| ☑Non Profit 501(c | ☑Non Profit 501(c)(3) | | | | | |
| □Non Profit 501(c)(4) | | | | | | |
| □Local Entity | | | | | | |
| □University or College | | | | | | |
| □Other (please specify) | | | | | | |
| d. First Name | Fanny | Last Name | Montes | | | |
| e. E-mail Address | fanny@hopemissioncente | er.com | | | | |



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| f. Phone Number | (305)456-1514 | | | | |
|----------------------------------|---------------|--|--|--|--|
| 17. Lobbyist Contact Information | | | | | |
| a. Name | None | | | | |
| b. Firm Name | | | | | |
| c. E-mail Address | | | | | |
| d. Phone Number | | | | | |