



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1023

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Expand direct services through mobile and sex-trafficking teams to minors and adults, male and female. Expand ability to provide prevention and education services to school districts and local schools.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	825,000
Fixed Capital Outlay	0
Total State Funds Requested	825,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	825,000	27%
Matching Funds		
Federal	1,384,500	45%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	862,817	28%
Total Project Costs for Fiscal Year 2025-2026	3,072,317	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	825,000	318A	No

9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary and benefits for 1 Executive Director	44,530
Other Salary and Benefits	Salary and benefits for 1 Clinical Director and 1 Director of Operations	80,000
Expense/Equipment/Travel/Supplies/Other	Office equipment, supplies, and travel	10,532
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Salaries and benefits for frontline/support staff	517,111
Expense/Equipment/Travel/Supplies/Other	Provide mobile team services, educational campaign and training for schools, and community advocacy and awareness.	132,603
Consultants/Contracted Services/Study	Survivor mentors services per state statute.	40,224
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		825,000

13. Program Performance

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

Expand direct mobile anti sex-trafficking services to children up to age 28, male & female. Expand ability to provide prevention and education services to school districts and local schools.

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

24-hour mobile crisis intervention services for at-risk or identified children, teens and young adult victims of sex trafficking that include counseling, case management and survivor led advocacy and support, as well as prevention and education to various populations to include law enforcement, medical providers, hotel and hospitality industry, community leaders and school districts and educational professionals.

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



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The mobile crisis intervention teams provide trauma-informed based practices, client-centered modalities specific to trauma as related to sex trafficking, the mobile unit provides 24 hours a day, 7 days a week services of case management, advocacy, and clinical counseling with a team of a Clinician, Survivor Advocate and Survivor Mentor, education and awareness trainings for the community.

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

Persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless persons, developmentally disabled persons, drug users (in health services), grade school, high school, and university/college students, currently or formerly incarcerated persons, drug offenders (in criminal justice), victims of crime, and community members. More than 800 people will be served through both direct care service and prevention and advocacy efforts.

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

The project will improve physical and mental health, enrich cultural experience, improve quality of education, protect the general public from harm (environmental, criminal, etc.), improve transportation conditions, enhance specific individual's economic self sufficiency, reduce substance abuse, and divert from criminal/juvenile justice system.

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?

Repayment of funds.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied



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- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. 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 Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.