



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2357

1. Project Title STEPS for Success

2. Senate Sponsor Nick DiCeglie

3. Date of Request 1/14/2025

#### 4. Project/Program Description

University Area CDCs STEPS for Success® program provides one-on-one guidance and individualized goal plans for motivated individuals who wish to improve their circumstances. STEPS navigators help mitigate crisis, prevent homelessness and stabilize program participants on their quest toward self-sufficiency. STEPS participants receive support in finding gainful employment, attaining safe & affordable housing and becoming self-sustained through educational opportunities, workforce training, life skills and financial guidance. Over 250 individuals were impacted by the STEPS for Success® program in 2023.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</b>

#### 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)	300,000	30%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	700,000	70%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,000,000</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	150,000	355	No

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

a. If yes, indicate nonrecurring amount per year. 300,000

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

STEPS for Success has support from local and county funders.



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## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ N/A

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

No

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	CEO/COO	10,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Navigators, Program Manager, Director of Programs	190,000
Expense/Equipment/Travel/Supplies/Other	Is, travel (mileage reimbursement), office supplies, financial support for families, outreach/marketing of program	100,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

### 13. Program Performance

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

Persons served by the STEPS program will receive programming to help them with a goal of financial stability. Families will receive an Individual Goal Plan (IGP) that will list out their goals and staff will help them reach their goals.

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

Clentele will receive case management in order to meet their goals of education, housing and employment. Families will receive referrals and will meet with the program at least once monthly.



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

Case management services will be provided to the participants in the STEPS program. In addition, participants will receive referral services as well.

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

We expect to serve 150 individuals and the participants are underserved in Tampa.

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

It is expected that participants will have reached the goals on their IGP's and will be better off after participation. They will have improved their housing, attained their education and/or received a better paying job.

**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?**

Clientele are not accepted for one year after leaving the program. After one year they may re-join the program if they meet eligibility standards.

**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
- ☐ Yes, Received



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☐ 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.*