

LFIR # 3549

1. Project Title Dress for Success Southwest Florida Boutique

2. Senate Sponsor Jonathan Martin

3. Date of Request 4/7/2025

### 4. Project/Program Description

Dress for Success Southwest Florida will use funds to secure a new boutique location in Lee County, serve women in our five county area with workforce development services, dress them for job interviews, and provide them with more career wear once they've been employed for six consecutive months. We will hire a full-time Program Coordinator to manage the program, outfit the boutique with new fixtures, and pay a portion of the executive Director's salary to raise awareness.

5. State Agency to receive requested funds

Department of Commerce

State Agency contacted? No

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

| Type of Funding             | Amount  |
|-----------------------------|---------|
| Operating                   | 92,500  |
| Fixed Capital Outlay        | 82,500  |
| Total State Funds Requested | 175,000 |

### 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) | 175,000 | 50%        |
| Matching Funds                                 |         |            |
| Federal  | 0       | 0%         |
| State (excluding the amount of this request)   | 0       | 0%         |
| Local  | 0       | 0%         |
| Other  | 175,000 | 50%        |
| Total Project Costs for Fiscal Year 2025-2026  | 350,000 | 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
 Appropriation #

### 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**

No

No

| The Flo<br>Local Funding<br>Fiscal Ye   | g Initiat    | ive Request       |              | LFIR # 3549 |
|---|--------------|-------------------|--------------|-------------|
| <ul> <li>O. Status of Construction</li> <li>a. What is the current phase of the project?</li> <li>O Planning O Design O Construction</li> </ul> | on 🔿 N/A     |                   |              |             |
| b. Is the project "shovel ready" (i.e permitted)?   |              | No                |              |             |
| c. What is the estimated start date of construction   | n?           | 12/31/2025        | ]            |             |
| d. What is the estimated completion date of const   | truction?    | 6/30/2026         | ]            |             |
| e. What funding stream will be used for ongoing o   | operations a | nd maintenance of | the project? |             |
| Fundraising, ecommerce sales, and private donation  | ins.         |                   |              |             |

## 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.

Land lord- TBD

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

| Spending Category                                     | Description  | Amount  |
|---|--|---------|
| Administrative Costs:                                 |  |         |
| Executive Director/Project Head Salary and Benefits   | Community outreach with local partner agencies that have clients that can benefit from our services at our boutique. | 37,500  |
| Other Salary and Benefits                             | Program Manager who can manage all activities and services provided to the boutique.                                 | 55,000  |
| Expense/Equipment/Travel/Supplies/<br>Other           |  | 0       |
| Consultants/Contracted<br>Services/Study              |  | 0       |
| Operational Costs                                     |  |         |
| Salary and Benefits                                   |  | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other           |  | 0       |
| Consultants/Contracted<br>Services/Study              |  | 0       |
| Fixed Capital Construction/Majo                       | r Renovation:  |         |
| Construction/Renovation/Land/<br>Planning Engineering | Rent and tenant improvements   | 82,500  |
| Total State Funds Requested (m                        | ust equal total from question #6)  | 175,000 |

### 13. Program Performance

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

To open a new boutique where we can dress women woth barriers to employment for job interviews and train them in workfoce development and career services programs.

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



#### -Sort textile donations

- Schedule volunteers to style our clients
- DRess or clients in career wear for interviews and continued employment beyond six months of employment
- Host resume creation, interview skill training, and networking events
- Bring potential donors in to tour the boutique

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

The women of Southwest Florida who have barriers to employment can come to our boutique, participate in career development trainings, and get dressed for interviews and work.

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

ANy women who are experiening barriers to employment such as living or coming out of our local abuse shelter, homless shelter, formerly incarcerated, language barrier, new to the workforce, and family issues.

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

### be measured?

Getting women to work and keeping them dressed for employment. We will track the outcome by the number served monthly and annually.

# 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?

N/a

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

### 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 infastructure)

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

Ian, Helene, and Milton

### 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)?



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- □ Yes, Applied
- □ 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     | Jennifer                  | Last Name    | Nelson-Lastra |
|-------------------|---------------------------|--------------|---------------|
| b. Organization   | Dress for Success South   | vest Florida |               |
| c. E-mail Address | jennifer@dfsswflorida.org |              |               |
| d. Phone Number   | (239)826-0556             | Ext.         |               |

### 18. Recipient Contact Information

| a. Organization     | Dress for Success Southwest Florida |  |  |  |
|---------------------|-------------------------------------|--|--|--|
| b. Municipality and | I County Lee                        |  |  |  |

### c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)

□Non Profit 501(c)(4)

| Local Enti | tv |
|------------|----|
|            |    |

□University or College

□Other (please specify)

| d. First Name     | Jennifer                  | Last Name | Nelson-Lastra |
|-------------------|---------------------------|-----------|---------------|
| e. E-mail Address | jennifer@dfsswflorida.org |           |               |
| f. Phone Number   | (239)689-4992             | Ext.      |               |

### 19. Lobbyist Contact Information

| a. Name           | None |  |
|-------------------|------|--|
| 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.