

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1378

Type of Funding Operations Fixed Capital Outlay Total State Funds Requested 7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this p
Fixed Capital Outlay Total State Funds Requested 350,0
Total State Funds Requested 350,0
'. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this p
Type of Funding Amount Percentage
Total State Funds Requested (from question #6) 350,000 100
Matching Funds
Federal 0 (
State (excluding the amount of this request) 0 0
Local 0 (
Other 0 0
Total Project Costs for Fiscal Year 2023-2024 350,000 100 3. Has this project previously received state funding?
Fiscal Year Amount Specific Vetoed



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Complete questions 11 and 12 for Fixed Capital Outlay Projects	
11. Status of Construction	

11.	Status of Cons	truction						
	a. What is the current phase of the project?							
	OPlanning	ODesign	Construction					
	b. Is the project	: "shovel ready	y" (i.e permitted)?					
	c. What is the e	stimated start	date of construction?					
	d. What is the e	stimated com	pletion date of construction?					
12			y to receive, directly or indirec mers of the facility and the ent		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	Direct oversight of product or service development, ensuring that there are efficient processes to use. Directly responsible for the daytoday operational challenges, managing direct reports, with hire/fire capabilities, develop, manage, policies and programs that lead the company toward its vision and mission	50,000
Other Salary and Benefits	Hire a Deputy Executive Director. Will prepare the annual business plan for the corporation. Monitoring the budget, to ensure that each step toward the mission of the program can be achieved in the most expedient manner possible. Review metrics and make changes, as needed, to ensure that all objectives are met. Provide leadership/management while handling internal operations	30,000
Expense/Equipment/Travel/Supplies/ Other	Staff Travel to the counties in the judicial circuit; office supplies.	6,000
Consultants/Contracted Services/Study	Hiring of outside consulting firm. Perform work for—or provide services to—entity as a nonemployee.	25,603
Operational Costs: Other		
Salary and Benefits	1 full time Admin/Intake Coordinator, 1 full time Career Coach/Program Manager, 1 full time Case Manager, and 1 full time Community Marketing Specialist	120,760
Expense/Equipment/Travel/Supplies/ Other	Participant Educational Materials, Consumable Program Materials, Group Outings for trainings/conferences, transportation for offender participants. Office expenses such as utilities, and telecommunications.	100,637
Consultants/Contracted Services/Study	Outside contracted legal and audit work to track and comply with all relevant local, state, and federal statues and regulations. Purchase of a general liability insurance policy.	17,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0



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Total State Funds Requested	(must equal total from	question #6)	350,000

14. Program Performance

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

Our evidence-based solution resolves failed reentry by helping individuals to understand the importance of investing in themselves by building valuable skills and improving their personal road maps to opening a small business, or jump starting their careers through education in soft skills, thus reducing interpersonal conflict, and empowering them to lead nonviolent lives.

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

Case Management, hands-on training, counseling, mentoring, job training, administrative support, school guidance curriculum, individual student planning, career readiness, purchasing equipment and other items, technological training.

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

Case Management, hands-on training, counseling, mentoring, job training, administrative support, school guidance curriculum, individual student planning, career readiness, purchasing equipment and other items, technological training.

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

Jobless Persons, Economically Disadvantaged Person, Formerly Incarcerated Individuals, Individuals with substance abuse/dependencies. The program will serve approximately 200-400 individuals annually.

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

The following outcomes are expected from this project:

- 1. Reduce the overall recidivism rate of total program participants by approximately 5%
- Reduce the recidivism rate of total program participants who complete the program by 15%
 Generate approximate savings of up to approximately \$4,000,000 to the FY 2023-2024 Department of Corrections Budget

The methodology used to evaluate these benefits will be a hybrid quantitative cost-benefit analysis that tracks total enrollment in the program, the re-incarceration rates of program enrollees, the re-incarceration rate of participants who complete the program, the employability rate of participants who complete the program, and the number of businesses created by participants who complete the program.

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?

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Repayment of funds to the state on a	pro-rated pasis	
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15.	Reques	ter Contact	t Inf	formation
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a. First Name	Dr. Cheryl	Last Name	White
b. Organization	Family In Distress, Inc		
c. E-mail Address	fidcares@gmail.com		
d. Phone Number	(954)709-3411	Ext	

16. Recipient Contact Information

a. Organization	Family In	Distress, Inc	
b. Municipality and County		Hillsborough	

c. Organization Type



17.

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□For Profit Entity								
☑Non Profit 501(c)(3)								
□Non Profit 501(c	□Non Profit 501(c)(4)							
□Local Entity								
□University or Co	llege							
□Other (please sp	pecify)							
d. First Name	Dr. Cheryl	Last Name	White					
e. E-mail Address	fidcares@gmail.com							
f. Phone Number	(954)709-3411							
Lobbyist Contact Information								
a. Name	None							
b. Firm Name	None							
c. E-mail Address								
d. Phone Number								