



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1198

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

NISSI is a short-term, immediate care organization that offers a residential facility and services for adult, female survivors of human trafficking immediately upon exiting their human trafficking experience. While in the care of NISSI, we provide the participant with short-term residential care, case planning and management, and meet their immediate needs. We also advocate and coordinate healthcare, mental health, and spiritual support for the individuals we serve. The goal of the organization is to bridge the gap for survivors of human trafficking between rescue and restoration. This is achieved by working alongside of law enforcement and healthcare professionals to act as first responders to suspected and verified trafficking cases. By helping participants navigate services and resources in a safe environment where their needs are met, we reduce the victim recidivism rate by 84%.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	271,000
Fixed Capital Outlay	7,500
Total State Funds Requested	278,500

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)	278,500	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	278,500	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	336,100		No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1198

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary for licensed, clinical social worker/Executive Director for one year	70,000
Other Salary and Benefits	Salary for 1. house mom/manager and 2. Case Manager for one year	76,000
Expense/Equipment/Travel/Supplies/Other	1. Security Cameras for short-term, immediate care facility 2. Security upgrades to perimeter of the facility/rooms 3. Two laptops	15,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Operational cost of short-term, immediate care facility for 12 months estimated at \$5,000 per month and includes: Rent, Utilities, Electric, Wifi, Phone Service, Financial Management Software and Lawncare	60,000
Consultants/Contracted Services/Study	Security personnel (off duty law enforcement officers)	50,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Privacy fence around short-term, immediate care facility	7,500
Total State Funds Requested (must equal total from question #6)		278,500

14. Program Performance

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1198

There are two goals achieved through NISSI's FY24 funding request.

1. Funding of operational cost for one year of survivor services at short-term, immediate care facility.
2. Completion of capital outlay projects at the short-term, immediate care facility as recommended by third-party threat assessment conducted to optimize safety of individuals served.

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

Short-term, immediate care facility operations
 Residential Resources
 Case Management and care coordinations
 Service referrals
 Transportation
 Healthcare and mental health coordination, evaluations, and service referrals
 Spiritual care - by vetted churches and clergy
 Training and education

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

Short term residential care, case planning and management, healthcare services, mental healthcare services, therapeutic services, immediate and tangible needs of the individuals met, referrals to long-term care providers, and spiritual care.

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

Adult, female victims for full services - (30-40)
 Adult, male victims for hotel vouchers, intake and referrals (1-5)
 Minor, victims of trafficking or exploitation (as needed/determined by DCF) (5-10)

Estimate we will service between 45-50 people minimum in FY24

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

We expect to help 45-50 individuals who have been trafficked or exploited find restoration and hope. We will measure these outcomes by the number of individuals we have that successfully transition to long term care options.

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?

Retribution of funds

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

For Profit Entity



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1198

- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. **First Name** Jamilyn **Last Name** Newton

e. **E-mail Address** director@thenissiproject.org

f. **Phone Number** (850)380-6767

17. Lobbyist Contact Information

a. **Name** None

b. **Firm Name**

c. **E-mail Address**

d. **Phone Number**