



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1047

1. **Project Title** Place of Hope, Inc.- Child Welfare, Foster Care, Human Trafficking Prevention, Education

2. **Senate Sponsor** Bobby Powell

3. **Date of Request** 10/17/2019

4. **Project/Program Description**

Place of Hope, Inc. provides essential services to our communities most vulnerable population by providing care in child welfare through foster care stability, support and housing from birth to age 23, maternity care, homeless programs and human trafficking prevention and education to at-risk youth and community members and recovery services for victims of trafficking.

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

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	000
Total State Funds Requested	750,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750000	67.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	375,000	33 %
Total Project Costs for Fiscal Year 2020-2021	1,125,000	100 %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	To cover the cost of staff members responsible for foster care recruitment, training, and licensing.	333,000
Expense/Equipment/Travel/Supplies/Other	Computers, software and cell phones.	67,500
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	To cover the cost of staff members responsible for trafficking prevention, education and recovery, providing daily care for youth in programs.	282,000
Expense/Equipment/Travel/Supplies/Other	Computers, software and cell phones.	67,500
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		750,000



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11. Program Performance

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

Place of Hope, Inc. is requesting funding for our Regionalization of Human Trafficking Prevention, Education and Support Services efforts, to continue our expansion of education and services to sexually exploited youth and other victims of human trafficking throughout the State of Florida. These funds would allow Place of Hope, Inc. to continue to meet the unprecedented increases in regional placement needs for Florida's abused and neglected children, victims of human trafficking, and otherwise homeless young adults.

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

Specifically, the request includes funding for program operating expenses associated with our "seamless" provision of programming, housing and therapeutic support for sexually exploited adolescent youth and other victims of human trafficking throughout Florida. The funding request will also help to develop our highly sought Human Trafficking Prevention and Education Classes for at-risk youth and community members.

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

Place of Hope also provides an assessment center and emergency shelter, foster care options, maternity care, enhanced family-style group care, Extended Foster Care (EFC) and post-emancipation transitional and supportive housing programs (multiple locations) for victims of human trafficking throughout Florida. We also provide human trafficking prevention and education for at-risk youth (to recognize potential situations of human trafficking) and community members (to recognize the signs of human trafficking).

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

Our Child Welfare, Foster Care and Human Trafficking Prevention and Education Support Services initiative impacts victims of human trafficking, children in foster care, at-risk youth and the community at large. More than 800 individuals are expected to be served.

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

Our community will have knowledge of how to prevent human trafficking and rescue victims of human trafficking. The methodology will be tracking the number of prevention and education classes we host. Place of Hope will also provide housing and services to victims of human trafficking which will be recorded by how many lives are saved. Place of Hope will be able to provide for more children, homeless youth and victims of human trafficking by an increased number of foster homes, family-style group homes, extended foster care, maternity care and transitional and supportive housing.

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?

Failure to meet deliverables without notification of good reason will result in financial penalties as described in the contract.



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12. 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.

N/A

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. 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

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.