



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2460

1. **Project Title** 2. **Senate Sponsor** 3. **Date of Request** 4. **Project/Program Description**

House of Hope is a nonprofit, faith-based home for women exiting jail/prison that is court-ordered into rehabilitation. The project will expand the current program. Our mission is to rebuild women's lives through Jesus Christ and discipleship. We first strive to help women heal from trauma and addictions by building a relationship with Jesus Christ and then work to restore their relationship with their children. The women will also work towards receiving their GED and reinstating their Drivers License. House of Hope believes in second chances and that every woman has value and worth no matter their past. At House of Hope, every woman is given the chance to overcome their past failures and be reunited with their children and families. We desire the opportunity for every woman to be given this chance despite their financial situation, therefore, House of Hope does not charge a program fee. Women are required to work during their stay at the home.

5. **State Agency to receive requested funds** State Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="000"/>
Fixed Capital Outlay	<input type="text" value="200,000"/>
<b>Total State Funds Requested</b>	<input type="text" value="200,000"/>

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)	<input type="text" value="200000"/>	<input type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<input type="text" value="200,000"/>	<input type="text" value="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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Purchase of House	200,000
<b>Total State Funds Requested (must equal total from question #6)</b>		200,000



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#### 11. Program Performance

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

A nonprofit, faith-based home for women exiting jail/prison that is court-ordered into rehabilitation. We first strive to help women heal from trauma and addictions by building a relationship with Jesus Christ and then work to restore their relationship with their children and families. This faith-based program is 6 to 18 months. In the program, the women are taught the life skills necessary to support themselves and their children.

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

The purchase of the house will expand the House of Hope Holmes County current rehabilitation program. Currently, House of Hope is not able to meet the need in the community for women needing rehabilitation, women exiting jail/prison court ordered into rehabilitation, or mothers working a DCF case plan. The purchase of an additional home would expand the program and services available to the community.

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

This faith-based program is 6 to 18 months. In the program, the women are taught the life skills necessary to support themselves and their children. The women will also work towards receiving their GED and reinstating their Drivers License. Working hand in hand with the Department of Corrections. House of Hope provides a program that can house women exiting jail/prison and women in need of rehabilitation.

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

The target population that will be served by this project will be women and children. The individuals expected to be served 25 women per year.

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

The expected outcome of this project will be women that have achieved sobriety and who do not cycle back into jail/prison. These women will also be reunited with their children and families. The women will become healthy contributing members in their community. The methodology by which the outcome will be measured is by tracking the long term success sobriety and of women who exit 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 in the contract?

None



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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.**

There is no relationship. The relationship is based solely upon the business transaction of the sale of the house.

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.