



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1721

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Support for an Dept of Children of Families designated ACCESS center in Northwest Miami-Dade County. Services are provided to enhance the quality of life of individuals across our community through individual and family services, community programs, and partnerships with other organizations. Moreover, connect and provide residents/underserved communities in Miami-Dade County with information and recommendations on available resources and benefits.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	105,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>105,000</b>

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)	105,000	68%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	50,000	32%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>155,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	100,000	354	Yes

9. Is future 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.

None identified at this time.

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.



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### 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Director	45,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Direct service and supplies to assist clients, equipment, office operating expenses such as security, Wi-Fi service, copier, IT support, memberships, licenses, rental of office space and food pantry space.	60,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>105,000</b>

**14. Program Performance**

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

To support services to residents of Miami-Dade County specifically in NW portion of the county. H.O.P.E is certified by DCF as an ACCESS Centerr. The services provided enhance the quality of life of individuals across our community through individual and family services, community programs, and partnerships with other organizations. Moreover, connect and provide residents/underserved communities in Miami-Dade County with information and recommendations on available resources and benefits.

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



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Daily we assist low-income with Medicaid/Medicare applications, food stamps applications, workforce development, employment referral, citizenship applications, housing applications, utilities, and rental assistance applications.

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

The direct services will vary based on cases where no assistance may be available and could include but not limited to rental assistance, electrical or utilities payments, medical services, food assistance, diapers, formula, clothing and other baby items for homeless and battered women, and burial expenditure assistance.

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

We assist everyone that comes to our doors that meet the federal definition of low-income.

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

The benefit would be filling gaps in community services , and identifying solutions to unmet needs in northwest Miami-Dade to ultimately leading our residents in overcoming hurdles to reach their next step in the life's journey.

**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?**

Penalties may be assessed upon each separate failure to comply with instructions from the Department to complete corrective action, but shall not exceed ten (10%) of the total contract payments during the period in which the correction action plan has not been implemented or in acceptable progress toward implementation has not been made. These penalties do not limit or restrict the Departments application of any other remedy available to it under law.

**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

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**



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f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number