



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2574

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

LifeBuilders will use these funds to make our community safer. LifeBuilders fills the gaps in community services to help those with low income who are striving to break the cycle of crime and turn their lives around. Our carefully regulated financial assistance helps with immediate needs that threaten to derail their best efforts. With these funds, we will serve more clients and add access to wrap-around services that will equip them to become successful citizens who build strong communities.

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	550,000
Fixed Capital Outlay	0
Total State Funds Requested	550,000

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)	550,000	42%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	500,000	38%
Local	62,500	5%
Other	198,000	15%
Total Project Costs for Fiscal Year 2024-2025	1,310,500	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	500,000	378	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.

Failure to meet deliverables would result in a loss of funds.

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

No



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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		0
Other Salary and Benefits	Development Coordinator	40,000
Expense/Equipment/Travel/Supplies/Other	Computers, printers, website, telephones, postage, supplies	5,000
Consultants/Contracted Services/Study	Miscellaneous consultant services	60,000
Operational Costs: Other		
Salary and Benefits	Contract Assistant Position	40,000
Expense/Equipment/Travel/Supplies/Other	Client disbursements, including treatment costs - both inpatient and outpatient, mental health medication supplementation, transitional and traditional housing, utilities, educational fees, drug testing, assistant in obtaining employment, transportation assistance.	355,000
Consultants/Contracted Services/Study	Contract Case Manager	50,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		550,000

14. Program Performance

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



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

LifeBuilders will give a “hand up” to individuals and families with low income who are affected by the 19th Judicial Circuit Criminal/Dependency Courts and who are working hard to break the cycle of court involvement and stay on the path to success. These funds will help offenders re-enter society as productive citizens, restore crime victims’ circumstances, and stabilize and reunify families.

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

LifeBuilders’ carefully regulated financial assistance will include funding for: inpatient/residential placement for clients with mental health and/or substance use disorder needs; outpatient treatment/counseling; drug testing; housing (traditional and transitional); utilities; and basic needs, which includes education assistance, transportation, obtaining ID, and work assistance.

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

Persons with poor mental health, Jobless persons, Economically disadvantaged persons, At-risk youth, Homeless, Currently or formerly incarcerated persons, Drug offenders (in criminal Justice) and Victims of crime. Over 500 of the target population 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?

LifeBuilders will collaborate with targeted, wrap-around case managers to provide carefully regulated financial assistance to ensure clients with low income have access to mental health and substance abuse services. This will help prevent people with mental illness and substance abuse issues from cycling through the criminal justice system. 80% of all clients with mental illness and substance issues will have unfettered access to mental health care. Targeted, wrap-around case managers will monitor and report that at least 80% of all their clients have access to mental health care.

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?

Failure to meet deliverables will result in loss of funding.

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)



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- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number