



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3555

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

We are planning to construct a single-family home with total living space of 1,500 square feet to be used as transitional housing for up to 25 girls. The residents of Miracles Outreach have been victims of human trafficking, neglected, or abandoned. Remaining funds will be used to improve access to the main facility by upgrading roads and parking areas. Improvements will be done to our community media room, art center, and gardening area. Funds will also be used to enhance resident security by extending electrical lines to install an electric gate at the entrance to the Plant City property.

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	160,000
Fixed Capital Outlay	340,000
Total State Funds Requested	500,000

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)	500,000	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	500,000	100%

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

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

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

Yes



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

PPP Loan for payroll

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)?

No

c. What is the estimated start date of construction?

July 2024

d. What is the estimated completion date of construction?

March 2025

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.

The owner of the property is Miracles Outreach Community Development Center. Michelle Walker, Executive Director of Miracles Outreach, is the founder of the program.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project Manager to oversee the project from planning and designing phase to full completion and delivery.	45,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Travel Expenses, software and equipment	4,500
Consultants/Contracted Services/Study	Audit	5,500
Operational Costs: Other		
Salary and Benefits	Program Coordinator salary	40,000
Expense/Equipment/Travel/Supplies/Other	Furniture; Travel expenses for program; Supplies	65,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construct a single-family home in Tampa with a total living space of 1,500 sq ft. Architectural and engineering design fees: - Permit fees - Materials for plans and specifications Road repaving and Security enhancements Renovate or replace modular building that will be used for art and vocational training.	340,000
Total State Funds Requested (must equal total from question #6)		500,000

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?

Banking/Budgeting workshops, vocational training, job shadowing, and volunteers that teach additional skills, such as art therapy, gardening and healthy cooking, and other independent living skills to program participants. As well as enhanced security for the property.

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

The girls will be provided with educational and financial training to help them transition to a stable housing. Participants will participate in art and wellness activities that will focus on improving their mental and physical health.

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

At-risk youth, Persons with poor mental health, Persons with poor physical health, Victims of crimes, High school and grade school students, University/College students. The facility and transitional housing will be home to up to 25 girls. The residents of Miracles Outreach have been victims of human trafficking, neglected, or abandoned.

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

*70% will improve physical health by participating in therapeutic activities and wellness programs that promote physical activity and healthy eating. This will be measured by client census and participant survey.
 *70% will improve mental health by participating in therapeutic activities or counseling. This will be measured by client census and participant surveys.
 *Clients will increase their financial sufficiency. Clients will show a 75% participation in Financial and home ownership workshops. This will be measured by client census and participant surveys.
 *85% will improve quality of education by improving attendance .This will be measured by client census and participant surveys or progress reports.

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?

The penalties for failing to meet deliverables shall be repayment of the 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
- 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