



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3219

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Mustard Seed operates a furniture program for families emerging from hardship, such as homelessness, personal tragedy, or natural disaster. The agency charges a fee to clients for service, however, there are many clients who are unable to utilize services due to their economic circumstances. The requested funding will provide 97 families with all of the furniture that they need to make their house a home (up to 20 pieces) and would waive their processing fee.

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	50,000
Fixed Capital Outlay	0
Total State Funds Requested	50,000

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)	50,000	5%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	30,000	3%
Other	906,472	92%
Total Project Costs for Fiscal Year 2024-2025	986,472	100%

8. Has this project previously received state funding?

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

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.

Should funding not be provided, The Mustard Seed will seek funding from donors and other community partners.

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



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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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Case manager (to evaluate the needs of the families), Client Intake Specialist (to document client demographics and information upon receipt of services), and Client Specialist (to document the furniture received by the clients and assist the clients in selecting the furniture).	30,468
Expense/Equipment/Travel/Supplies/Other	Expenses associated with providing donated products (gas, truck maintenance, insurance), sanitizer for the furniture product, and organizational costs to maintain warehouse space.	19,532
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		50,000

14. Program Performance

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



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A total of 97 families in the Central Florida area will be provided basic household furniture, including beds, tables, couches, etc. as they emerge from situations of crisis such as homelessness or impact from a natural disaster. The benefits would be to families who are low income who otherwise do not have the economic stability to acquire necessary furniture.

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

Activities and services include providing furniture to families emerging from crisis in the Central Florida area. This will include waiving program fees for some of the most vulnerable families who are unable to afford the program fees.

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

For families emerging from situations of homelessness, personal tragedy or natural disaster, basic household furniture will be provided to the household once they have achieved stable housing. Funding provided by the state of Florida will provide 97 families with up to 20 pieces of furniture.

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

The target population is primarily economically disadvantaged families, as well as those who have experienced homelessness. A total of 97 families (an estimated 200-400 individuals) will be provided with furniture.

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

When families are emerging from crisis, it is difficult to adequately furnish their homes with limited financial resources. The Mustard Seed seeks to restore dignity to families by providing basic household furniture. The benefit to the children of the home is substantial, with parents reporting that their child's quality of sleep has improved, and that 85% of families served report an improvement in their child's grades in school. A pre/post survey will be conducted at the time of service as well as six months post.

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?

Should the agency fail to meet the goal of serving 97 families with the funding provided any remaining funds will be returned to the state.

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



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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