



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1310

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

4. Project/Program Description

A 2 year project that includes renovation of our 23-year old 3,000 sq ft building this year with a 3,000 sq ft site expansion and parking lot resurfacing to follow. This will create a safer, more dignified client experience to access free groceries, other resources and workforce and financial literacy services for at least 10 years. Operational dollars will fund new staff to support more multi-county service to prevent homelessness. Clients receive free food with better nutrition options, improving health outcomes and reducing food waste. Financial stability services will be provided in a dignified, quieter environment. Ultimately, 3,800+ citizens may shop for groceries to improve nutrition and health outcomes. Workforce development for 200 citizens in small group workshops. Workforce coaching meetings for 300 citizens to create employment and career action plans, build skills, access resources to remove barriers to income potential, and access to financial literacy skill building.

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	168,643
Fixed Capital Outlay	326,357
<b>Total State Funds Requested</b>	<b>495,000</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)	495,000	31%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,118,711	69%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,613,711</b>	<b>100%</b>

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.



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Christian HELP has never received state funding. We do not have a specific source for this project without implementing an expensive capital campaign to raise funds. Current donors and grantors do not have giving capacity beyond the \$2 million operating budget we already raise annually.

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

Yes

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

PPP funding for operational costs in 2020 \$117,800 and in 2021 \$111,975.

## 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?

6/3/2024

d. What is the estimated completion date of construction?

6/5/2026

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 building is Christian HELP Foundation, Inc.

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	New staff for program expansion - 2 FTE Coordinators (1 program, 1 community), 2 FTE Coaches for Workforce and resources.	168,643
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Includes architectural costs, permits, planning, engineering, and costs to renovate the 3,000 sq ft existing building.	326,357
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>495,000</b>



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#### 14. Program Performance

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

These funds will enable us to obtain plans, permits, and engineering. It includes renovation of our exiting 23-year old building to enhance the citizen experience with essential free services. It is intended to improve community health outcomes and workforce economic impact. Operational funds will support new staff to empower more low to moderate income citizens to increase incomes, reduce expenses, and manage finances to avoid the negative economic and health impacts of homelessness while saving taxpayer dollars.

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

Building renovation funds will enhance the citizen experience with essential free services, improving community health outcomes and economic impact for at least 10 years. Operational funds will enable us to add new staff roles to support the empowerment of over 3,000 low-moderate income citizens to reduce hunger, improve nutrition, and reduce expenses. 300 citizens will be served with employability training and workforce coaching to increase incomes and manage finances to avoid the negative health impacts of low income, to prevent homelessness, and to save taxpayer expense.

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

For this phase of construction, 3,000+ citizens will receive free groceries to avoid hunger, improve nutrition, and reduce expenses to improve health outcomes while reducing food waste. Workforce employability training for 100+ citizens in small group workshops. Workforce Coaching meetings for 200+ citizens to create employment and career action plans, build skills, access resources to remove barriers to income potential, and access financial literacy skill building.

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

Low to moderate income citizens and their families in Seminole, Orange, Osceola, Volusia, and Lake counties. 3,000+ with free groceries and other free resource connections, 300 total with workforce development, employability and financial skill building.

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

Site renovation and staff increase will empower more citizens with healthier foods, improving nutrition and reducing expenses. It also provides a dignified space for clients to improve their access to other resources, workforce development, and financial skill building. Better food, more resources, and increased income can improve health outcomes through better access to care, ability to afford basic needs, and stress and disease reduction. Clients will be tracked in our customized Client Relationship Management systems and complete surveys to indicate expense reduction, better nutrition, increased incomes, and access to money management skills to measure outcomes. Results are analyzed quarterly for program efficacy and adjustment,

##### 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 may result in the revision of estimates, staff roles and delivered programs. Failure may result in the return of funds if there is failure to expend the construction funds within 2 years.

#### 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



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**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**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**