



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1596

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Transitional and reentry services in Miami-Dade County have historically been in a deficit, but the County has recently developed several innovative plans to address those deficiencies and increase transitional and reentry series and assistance provided to returning citizens. This project seeks to supplement these plans and is focused on justice-involved persons who may need additional assistance to re-enter into society successfully and minimize the risk of relapsing or avoid it altogether.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operations	375,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>375,000</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)	375,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	375,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>750,000</b>	<b>100%</b>

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1596

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

Miami-Dade County received \$2,608,188,975.73 to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, low-income tenants, nonprofits, and day care centers; county services and also direct distributions to Miami-Dade municipalities.

## 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		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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Funding would be used to contract existing vendors or service providers, and leverage related resources, to continue expanding reentry and violence reduction-related local and community-based initiatives and programming available to returning citizens and justice-involved persons. A \$50,000.00 micro-grant program to support ongoing innovative and proven community-based initiatives would be pursued.	375,000
<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>375,000</b>

### 14. Program Performance

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1596

The funds will be used for violence reduction through improved transitional and reentry services in Miami-Dade County for individuals returning from incarceration, reducing recidivism.

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

Funding would be used to contract existing vendors or service providers, and leverage related resources, to continue expanding reentry and violence reduction-related local and community-based initiatives and programming available to returning citizens and justice-involved persons. A \$50,000.00 micro-grant program to support ongoing innovative and proven community-based initiatives would be pursued.

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

Transitional, reentry, and related services would be directly provided to target individuals and populations in addition to requisite wraparound social and health services.

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

Justice-involved persons reentering society. 400+ individuals will be served.

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

Reduced recidivism for justice-involved persons and reduced crime. Rate of recidivism and crime-rates will be the best measurement of outcome.

**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 nonpayment.

**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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1596

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**