



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1372

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

4. Project/Program Description

Our mission is to enhance public safety via reduced recidivism through support of the transition process post incarceration. We accomplish this through peer mentorship (Buddy System), individualized training in soft skills including, but not limited to banking, credit, goal setting, family reunification, cooking, and budgeting. Also including career preparation and a Fresh Start package of hygiene products, clothing and shoes, essential resource listings, Narcan with training, life coaching, one-month smart phone service/transportation/groceries, non-perishable food donations, and personal pickup on release day. We are their support network as long as necessary to ensure success after incarceration. Our clients have no support upon reentry or are returning to families at or below 100% poverty.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	79,200
Fixed Capital Outlay	0
Total State Funds Requested	79,200

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	79,200	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 2023-2024	79,200	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.
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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

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	Creation of individual Fresh Start plans, communications with clients pre and post release, program oversight, securing outside partnerships for housing, career placement, and training opportunities	3,000
Other Salary and Benefits	Pre-release Fresh Start package preparation to include item securement and preparation, housing as needed if client met prescribed requirements.	4,000
Expense/Equipment/Travel/Supplies/Other	Travel and supplies for community outreach	2,000
Consultants/Contracted Services/Study	Record maintenance tracking each client three (3) years post release	1,000
Operational Costs: Other		
Salary and Benefits	Release pickup and Fresh Start package delivery	6,000
Expense/Equipment/Travel/Supplies/Other	Fuel and food for release day pickup, Fresh Start Package, support communication expenses, vehicle/insurance/maintenance for fresh start program (20,000)	63,200
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)		79,200

14. Program Performance

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



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Reduce recidivism rates through reinvestment in our clients who have no current support upon release from incarceration through our Fresh Start program including consistent support and supplies required to begin their fresh start. We measure success rate for three (3) years post release. Two unsupported clients and one family at 100% poverty level per month served for one year.

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

Fresh Start package, personal pickup upon release to arranged accommodations, soft skills training tailored to individual needs, consistent support through Buddy System as long as needed, life coaching, family reunification as needed.

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

Fresh start packages of clothes, shoes, non-perishable food, hygiene items, Narcan with training, local resources, non-perishable food items, and one-month groceries, transportation, smart phone package. At one year no justice involvement clients will participate in public service. At 3-year mark, clients will participate in youth crime prevention activities.

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

Current incarcerated individuals upon release, at-risk youth (at individuals 3-year mark), drug offenders, socially and economically disadvantaged citizens

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

Reducing recidivism reduces crime rate and further victimization. Reentry services directly enhance and promote public safety measures statewide. This is accomplished consistent support of returning citizens during transition and reentry tailored to individual needs of individuals released from incarceration statewide. A three (3) year minimum client file updated monthly is used to measure success and goal attainment.

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?

Return of funds of unmet portion

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