



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** New Beginnings for Victims of Domestic Violence & Homelessness

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/30/2017

4. **Project/Program Description:**

Operating Funds for Alpha & Omega Freedom Ministries, Inc, Hannah's House DV & Homeless Shelter.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
150,000		150,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 150,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2016-17

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

To assist in the recovery and restoration of women & children, who have been victims of domestic violence or those experiencing homelessness. Service area: DeSoto, Glades, Hardee, Highlands, Manatee, Okeechobee, and Polk.

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

We facilitate education, support, counseling, addictions recovery, financial planning, job skills training, life skills training, transitional housing, permanent supportive housing, and transportation in order for the recovery to occur.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Admin Asst. to project - \$13,000 Case Manager -	62,920



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	16,640 Onsite Mgr. DV Shelter - 16,640 Onsite Mgr. Complex - 16,640	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Maintenance/Grounds/IT - \$15,080 Insurance - 16,800 Utilities - 38,000 Food and Supplies - 9,200 Furnishings - 4,000 Equipment - 4,000	87,080
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

d. What are the direct services to be provided to citizens by the appropriations project?

In order for the women & children to gain a new beginning, independence, we plan to give them a secure safe home life, while they are with our organization. While there they receive parenting, nutrition, budgeting, vocational skills training, educational assistance, DV counseling, anger management, medical and/or physical assistance as needed. We also provide transportation to and from school, work and appointments.

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

Elderly persons, persons with poor physical health, jobless persons, economically disadvantage persons, at-risk youth, homeless women and children, physically disabled, preschool students, grade school students, high school students, college students, formerly incarcerated persons, victims of crime, as well as Domestic violence victims, DV abusers, Court ordered persons for anger management and DV awareness counseling, One Hope United parenting counsels, and people who need rental or utility assistance. Approximately 500-600 clients in all.

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

Improved physical health, improved mental health, improved quality of education, protection from harm for the general public, improved transportation conditions, increased/improved economic activity, creation of immediate job opportunities, enhancement of individuals' economic self sufficiency, and reduced substance abuse. Measurement provided through progress notes, assessments, referrals to mental health/physical health services, number of individuals needing education and number referred to educational services, reports of break-ins or incident reports of injury or assault, transportation logs, class attendance sheets, attendance in vocational skills training, referrals to One Source Heartland, # of jobs created, # of women receiving budgeting



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skills training, number of individuals who improve timeliness in paying rent, # of women employed while in our program, # of people in Overcomers class, and # of women drug screened with 0% drug use.

- g. 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 in the contract?**

Remove funding or pay back monies used in error.

- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

- 13. Requestor Contact Information:**

- a. Name:** Christine Price
- b. Organization:** Alpha & Omega Freedom Ministries, Inc.
- c. Email:** aofmacct@yahoo.com
- d. Phone Number:** (863)773-5717

- 14. Recipient Contact Information:**

- a. Organization:** Alpha & Omega Freedom Ministries, Inc.
- b. County:** Hardee
- c. Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. Contact Name:** Lorraine Gillespie
- e. E-mail Address:** Aofm2@live.com
- f. Phone Number:** (863)773-5717

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. Name:** None
- b. Firm:** None
- c. Email:**
- d. Phone Number:**