



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Restored Hope Shower and Sewer Hook Up

2. **Senate Sponsor:** Tom Lee

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

To help those in need and at risk in the Pasco community, the project will provide clean showers for the homeless population in East Pasco.

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
	50,000	50,000

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):** 50,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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

### 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 provide clean showers for the homeless population in East Pasco as there are no shower facilities in East Pasco for the homeless or those without water service.

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

Homeless individuals and families will be provided soap, shampoo and towels to take a shower. Case management will be provided to all clients to help alleviate the homeless status or crisis situation the clients are in.

#### 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 type="checkbox"/> Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construct an addition to an existing building to provide two showers and hook the building up to city sewer.	50,000
TOTAL		50,000

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

Construct an addition to the existing building to provide two showers ( one male, one female) and hook the building to the city sewer and eliminate the septic system to be in compliance with the Dade City codes.

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

Homeless men, women, children. 101-200 will be served annually.

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

Improved hygiene/health; improved self esteem; willingness to alleviate being homeless; be presentable for job interviews. This will be measured by case management with the client, client self- reporting, observation of the client by staff.

**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?**

The current standard penalties for noncompliance are adequate.

**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.**

Owners of the facility are actively involved in the nonprofit, serve on the Board of Directors and as Outreach Director, renting it to the entity for \$1.00 per year.

**13. Requestor Contact Information:**

- a. **Name:** Kathy Hunt
- b. **Organization:** Restored Hope
- c. **Email:** kathy@restoredhopefl.org
- d. **Phone Number:** (352)228-1998

**14. Recipient Contact Information:**

- a. **Organization:** Restored Hope



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**b. County:** Pasco

**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:** Kathy Hunt

**e. E-mail Address:** kathy@restoredhopefl.org

**f. Phone Number:** (352)228-1998

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**