



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Legal Services Clinic of the Puerto Rican Bar Association, Inc.

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 02/05/2018

4. **Project/Program Description:**

The Legal Services Clinic of the Puerto Rican Bar Association, Inc., is a stand-alone non-profit organization, (501(c)(3)), whose primary mission is to offer no cost and/or affordable legal assistance to those impacted by Hurricanes Irma and Maria. The Clinic's continuing mission is to provide legal services for underserved communities who have been peripherally impacted.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Legal Affairs and Attorney General

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

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
880,000		880,000

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	75,000	7.9%
TOTAL	75,000	7.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 955,000

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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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?

Yes

a. If yes, indicate non-recurring amount per year.

Yes. \$1,000,000.00

11. Program Performance:

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

The rendering of culturally and linguistically competent legal services to low income families who otherwise would not have access to legal representation. We will also be able to meet this goal by having attorneys licensed in other states and jurisdictions e.g. to that end, the clinic is also certified as a Florida Supreme Court certified legal aid.

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

Any and all competent legal representation deemed necessary.

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		



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<input checked="" type="checkbox"/> Salary and Benefits	Attorneys, paralegals, administrative assistants and any and all necessary support personnel.	544,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	2 offices, (Miami and Orlando), office equipment, utilities, telephones, insurance, internet (website), court costs and fees.	110,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Outreach, market research and surveys, grant writers, marketing/advertising, monitoring and accounting.	226,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		880,000

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

Legal representation and guidance.

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

Those who have been impacted by Hurricanes Irma and Maria and are in need of legal representation and the underserved communities who have been peripherally impacted. We expect to serve as many as possible of the approximate 300,000 people, who have already arrived in Florida. The number of clients served will be based on available funding.

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

To provide the targeted community the same legal recourse and accessibility to our justice system as any other Floridian. The outcome will be measured by the number of clients we serve, which will be documented by intake forms, logs, files and case management software.

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?

None.



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- 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.**

Not applicable.

13. Requestor Contact Information:

- a. **Name:** Anthony Suarez, Esq.
- b. **Organization:** Legal Services Clinic of the Puerto Rican Bar Association, Inc.
- c. **Email:** suarez@cfl.rr.com
- d. **Phone Number:** (407)841-7373

14. Recipient Contact Information:

- a. **Organization:** Legal Services Clinic of the Puerto Rican Bar Association, Inc.
- b. **County:** Statewide
- 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:** Anthony Suarez, Esq.
- e. **E-mail Address:** suarez@cfl.rr.com
- f. **Phone Number:** (407)841-7373

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

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