

- 1. Title of Project: AOFM, Inc. Hannah's House DV Shelter & Counseling
- 2. Senate Sponsor: Ben Albritton
- **3.** Date of Submission: 03/18/2019
- 4. Project/Program Description:

Hannah's House domestic violence shelter serves 7 rural counties. In the past year, AOFM, Inc. has struggled with issues with its apartment complex. We've had to keep it running without renters to pay the bills because of mold issues caused by Hurricane Irma. We need operating monies to survive this year. Our program helps women who are survivors of domestic violence and who may be homeless, including their children, by providing a safe haven, helping them learn living skills, nutrition, budgeting, education, job skills, employment and assist them find permanent housing. Our trained staff provide counseling and case management services. We offer anger management and parenting classes, provide DV survivor counseling, and marriage, budgeting, education & vocational counseling. We provide transportation assistance to appointments, job interviews, jobs, school, etc. What makes us unique is that we also counsel abusers/offenders that the courts, DCF, or One Hope United refer to us.

5. State Agency to receive requested funds : Department of Children and Families

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	156,330
Fixed Capital Outlay	
Total State Funds Requested	156,330

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	156,330	50.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	156,330	50.00%
Total Project Costs for Fiscal Year 2019-2020	312,660	100.0%

8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	
(уууу-уу)	Recurring	NonRecurring	Appropriation #	Vetoed
2016-17		125,000	330	No



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9. Is future-year funding likely to be requested? Yes

a. If yes, indicate non-recurring amount per year. \$156,330

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director/project head reviews all paperwork submitted by the Assistant Director, makes sure there are services provided in both the shelter & counseling center, etc. (partial salary)	10,000
Other Salary and Benefits	Assistant Director will manage the grant funds, work with bookkeeper to keep records of each transaction, reporting to Executive Director in timely manner (partial salary)	5,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Onsite Manager of Shelter-24 hr supervision & life skills trainer \$18,200 (35 hrs x 52 wks x \$10); Admin. Asst for Exec. Director \$18,200 (10.00 hr. x 35 hr x 52) and case mgr's assistant who sets appts, rental assistance, service point etc. \$11,400. (\$8.769 x 25 hr x 52)	47,800
Expense/Equipment/Travel/Supplies/Other	Insurance \$20,000; Transporting clients \$2,500; Supplies \$1,200; Personal items for clients \$500, Med & Dental fees \$500; Food \$1,800; Special assistance for community clients - hotel stays utilities, food, meds, \$15,600. Repairs to shelter \$6,250; Security \$1,100; Computer, Telephone & Internet \$5,000	54,450
Consultants/Contracted Services/Study	Case Manager Hannah's House & Complex \$25,480 (\$12.35 hr x 40 x 52) Assessments, transports clients, sets appts., etc Bookkeeper partial \$10,000, Grounds keepers \$1,200, CPA \$2,400.	39,080
Fixed Capital Construction/Major Re	novation:	
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must e	equal total from guestion #6)	156,330

11. Program Performance:

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

Women & Children in 7 counties will receive safe housing and support including assistance in finding jobs and a more permanent housing solution. Families including men, women and children will receive counseling as needed or required by DCF, One Hope United, the court system, and those serving probation.



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

Shelter, good nutrition, stabilization (including mental, medical & dental, etc.) parenting skills, budgeting, and basic living skills. The counseling center will provide domestic violence counseling, anger management, improving self-esteem, addictions program (if needed), and whatever the assessed needs to be addressed. We also provide job training skills in 2 or more areas, transportation to jobs, school, etc. We also work with partners in the community for mental, medical and job opportunities. Hardee County has no form of public transportation.

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

Each person who comes into the center will be given an assessment by a Case Manager. After determining the individual's needs, they will be referred to community agencies such as the food stamp office, Social Security office, DMV for ID's, and the Peace River Center for Mental Health and Health Department for medical /dental needs. After initial stabilization through the counseling center, we provide the needed counseling and help them to heal inside from their ordeals. We also provide for their immediate needs such as clothing, personal items, feminine needs, diapers/wipes for children, nutritious meals, and safe haven through the shelter.

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

Target population are women and children/victims of Domestic Violence and/or homelessness approximately 21 per month in the shelter and another amount up to 59 beds in the apartment complex (when repairs are completed). We also serve between 450-600 men, women and children in the counseling center. We also provide 175 families with food from our food pantry and we serve about 60 people in our vocational skills program who are sent to us from colleges, OneSource Heartland, probation and our ladies who need extra help in that area.

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

100% of those we serve will receive case management services. 90% of those who want or need education may continue with their education (some will drop out or leave our program prior to getting their GED or college degree). 90% will gain employment or receive disability benefits, if unable to work. 90% will gain more permanent housing in the future. Some DV survivors leave program due to going back to the abusers or going to live with family or friend. Our Asst. to Director will work in Service Point to keep track of services and where the individuals go when they leave. We do an exit form when clients leave the program. This shows if they have employment and permanent housing.

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 in the contract?

Return any unused funds.

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: Dianna Christine Price



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- b. Organization: Alpha & Omega Freedom Ministries, Inc.
- c. E-mail Address: aofmacct@yahoo.com
- d. Phone Number: (863)773-5717 Ext. 1

14. Recipient Contact Information:

- a. Organization: Alpha & Omega Freedom Ministries, Inc.
- b. County: Hardee
- c. Organization Type:
 - O For Profit
 - Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Entity
 - O University or College
 - O Other (Please specify)
- d. Contact Name: Karen Tibbs
- e. E-mail Address: karenntibbs@yahoo.com
- f. Phone Number: (941)650-8719

15. Lobbyist Contact Information

- a. Name: None
- b. Firm Name: None
- c. E-mail Address:
- d. Phone Number: