



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2656

1. **Title of Project:** Family In Distress: Inmate Re-entry Program

2. **Senate Sponsor:** Victor Torres

3. **Date of Submission:** 03/20/2019

4. **Project/Program Description:**

Inmate Re-entry Program designed to reduce recidivism

5. **State Agency to receive requested funds :** Department of Corrections

State Agency Contacted? No

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

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>250,000</b>

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)	250,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>250,000</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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

a. **If yes, indicate non-recurring amount per year.** \$250,000

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Director	80,000
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	FT - Operations Director, Salary and Benefits FT - Office Manager, Salary and Benefits 2 Full-time additional Staff Members, Salary and Benefits	120,000
Expense/Equipment/Travel/Supplies/Other	Client Transportation, Housing Assistance, Food, Insurance, Counseling, Clothing Vouchers, Phone, Supplies and Insurance	50,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

**11. Program Performance:**

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

Successful re-entry for previously incarcerated individuals, heightened public safety, and the reduction of the recidivism rate.

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

Housing referrals, employability training, food, clothing and transportation assistance, mentoring and training classes, educational workshops, and coaching designed to help with self efficacy and the reunification of families.

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

Direct services would include making housing referrals, providing employability skills training, food, clothing and transportation assistance, mentoring, coaching and referrals for mental health services.

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

Recently incarcerated individuals without housing or funds; 50 per year.

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

Successful re-entry to society with reunification of family, employment and housing. We will report the numbers served, the scope of services provided, and the outcomes of each participant every six months.

**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?**

The current standard penalties for non-compliance are adequate and we would not anticipate receiving any future funding.

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



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**relationship between the owner(s) of the facility and the entity.**

N/A

#### 13. Requestor Contact Information:

- a. **Name:** Dr. Cheryl White
- b. **Organization:** Family In Distress, Inc.
- c. **E-mail Address:** familyindistress@yahoo.com
- d. **Phone Number:** (954)870-5912

#### 14. Recipient Contact Information:

- a. **Organization:** Family In Distress, Inc.
- b. **County:** Broward
- 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:** Dr. Cheryl White
- e. **E-mail Address:** familyindistress@yahoo.com
- f. **Phone Number:** (954)870-5912

#### 15. Lobbyist Contact Information

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