

LFIR # 1139

| Senate Sponsor | Bobby Powell | | | | | |
|---|--|---|---|--|--|--|
| hata of Bassast | | | | | | |
| Date of Request | 10/30/2019 | | | | | |
| Project/Program Description | | | | | | |
| Services Center to ass Palm Beach County. T | construct a facility that will expand the cap sist the growing number of people impact The Reentry, Job Training and Employme engagement services to formerly incarce | ted by criminal justice involvent Services Center provide | vement, housing instability and unemps s comprehensive employment, ex-offe | | | |
| | <u>·</u> | artment of Children ar | nd Families | | | |
| State Agency cont | | | | | | |
| | onrecurring Request for Fiscal | | | | | |
| Type of Funding | g | Amount | | | | |
| Operations | | 000 | | | | |
| Fixed Capital Ou | ıtlay | 1,500,000 | | | | |
| Total State Fund | ds Requested | 1,500,000 | | | | |
| | st for Fiscal Year 2020-2021 (in | cluding matching fu | nds available for this projec | | | |
| | | | _ | | | |
| Type of Funding | | Amount | Percentage | | | |
| Total State Fund | s Requested (from question #6) | Amount 1,500,000 | Percentage 19.0 % | | | |
| Total State Fund Matching Funds | s Requested (from question #6) | 1,500,000 | 19.0 % | | | |
| Total State Fund Matching Funds Federal | s Requested (from question #6) | 1,500,000 | 19.0 % | | | |
| Total State Funds Matching Funds Federal State (excluding | s Requested (from question #6) | 1,500,000 | 19.0 % | | | |
| Total State Fund Matching Funds Federal State (excluding Local | s Requested (from question #6) | 1,500,000 00 00 | 19.0 % 0 % 0 % 0 % | | | |
| Total State Fund Matching Funds Federal State (excluding Local Other | s Requested (from question #6) the amount of this request) | 1,500,000 00 00 00 6,500,000 | 19.0 % 0 % 0 % 0 % 81 % | | | |
| Total State Fund Matching Funds Federal State (excluding Local Other | s Requested (from question #6) | 1,500,000 00 00 | 19.0 % 0 % 0 % 0 % | | | |
| Total State Funds Matching Funds Federal State (excluding Local Other Total Project Collas this project p | s Requested (from question #6) the amount of this request) | 1,500,000 00 00 6,500,000 8,000,000 | 19.0 % 0 % 0 % 0 % 100 % | | | |
| Total State Fund Matching Funds Federal State (excluding Local Other Total Project Collas this project p | s Requested (from question #6) the amount of this request) osts for Fiscal Year 2020-2021 oreviously received state funding most recent instance: Amount | 1,500,000 00 00 6,500,000 8,000,000 ing? Yes • N | 19.0 % 0 % 0 % 0 % 100 % | | | |

If yes, indicate nonrecurring amount per year.



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

| Spending Category | Description | Amount |
|--|---|-----------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | |
| | | |
| Other Salary and Benefits | | |
| | | |
| Expense/Equipment/ Travel/Supplies/Other | | |
| | | |
| Consultants/Contracted Services/Study | | |
| | | |
| Operational Costs: Oth | er | |
| Salary and Benefits | | |
| Expense/Equipment/ Travel/Supplies/Other | | |
| | | |
| Consultants/Contracted Services/Study | | |
| | | |
| Fixed Capital Construc | tion/Major Renovation: | |
| Construction/Renovation/ Land/Planning Engineering | The Lord's Place will use the funds to construct an expanded Reentry, Job Training and Employment Services Center | 1,500,000 |
| 3 | | |
| Total State Funds Re | quested (must equal total from question #6) | 1,500,000 |



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| 11. Program Performand | e: |
|------------------------|----|
|------------------------|----|

| 11. | rogram Performance | | | | |
|-----|---|--|--|--|--|
| a. | What specific purpose or goal will be achieved by the funds requested? | | | | |
| | This project's specific purpose is to expand The Lord's Place's Reentry, Job Training and Employment Services Center in order to enhance its ability to decrease recidivism, homelessness and unemployment in the community. | | | | |
| b. | What activities and services will be provided to meet the intended purpose of these funds? | | | | |
| | To construct a centralized facility that provides comprehensive job training, reentry and supportive services to formerly incarcerated and homeless citizens. | | | | |
| C. | What direct services will be provided to citizens by the appropriation project? | | | | |
| | Job Training, Ex-Offender Reentry Services, Outreach and Engagement, Housing Assistance, Case Management, Peer Support, Educational Instruction, Benefits Navigation, Financial Coaching, and other basic needs services. | | | | |
| d. | Who is the target population served by this project? How many individuals are expected to be served? | | | | |
| | Formerly incarcerated and homeless families and individuals. 1,900+ | | | | |
| e. | What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? | | | | |
| | This project will reduce recidivism as measured by the number of individuals who successfully complete an ex-offender reentry program. It will reduce homelessness and increase the self-sufficiency of economically disadvantaged citizens as measured by the number individuals served in street outreach, job training, and benefit access programs (i.e. SOAR). | | | | |
| 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? | | | | |
| | To be determined by the Department | | | | |



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| | ione - entity is a 50 i | (c)(3) not-for-profit organization | | |
|----|---------------------------------|------------------------------------|-----------|---------|
| R | equestor Contact | Information | | |
| a. | First Name | Diana | Last Name | Stanley |
| b. | Organization | The Lord's Place, Inc. | | |
| C. | E-mail Address | dstanley@thelordsplace.org | | |
| d. | Phone Number | (561)628-8401 | Ext. | |
| D | ecipient Contact | Information | | |
| | Organization | The Lord's Place, Inc. | | |
| | | | | |
| | | County Palm Beach | | |
| C. | Organization Typ | oe | | |
| | For-profit E | • | | |
| | Non-Profit 5 | 501(c) (3) | | |
| | Non-Profit 5 | | | |
| | Local Entity | | | |
| | University of | r College | | |
| | Other (please) | se specify) Non Profit 501(c) (3) | | |
| d. | First Name | Diana | Last Name | Stanley |
| | E-mail Address | dstanley@thelordsplace.org | | |
| | Phone Number | | | |
| L | obbyist Contact I | nformation | | |
| | . Name | Rebecca De La Rosa | | |
| | . Firm Name | Palm Beach County Legislative A | ffairs | |
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