



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1214

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Founded in 2012, Northeast Florida Women Veterans, Inc. is focused on ensuring women who served on Active Duty, National Guard or Reserves and their children, transition into the civilian community with the tools and resources they need to become self-sufficient. "Women Veterans Ignited" is designed to provide financial assistance and administer the "HerTOTALWellness Program. This organization is staffed with women veteran volunteers who are comprised of previous clients or alumni of our programs.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="389,450"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>389,450</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="389,450"/>	<input style="width: 80%;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>389,450</b>	<b>100</b> %

8. **Has this project previously received state funding?**     Yes     No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?**     Yes     No
- 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	CEO will be responsible for overall function of the organization to include attend meetings relevant to the programs and wellbeing of women veterans, will also facilitate some workshops, and plan events. CEO \$ 65,000 FICA, FITC TAXES Workers Comp, Fringe Benefits \$2,000	67,000
Other Salary and Benefits	Office Manager will supervise staff, maintain time sheets, schedule building maintenance, attend meetings, prepare reports, and train office personnel. \$40,000 Admin Assistant will provide basic admin support, answer phones, schedule appointments, utilize office equipment, prepare correspondence, \$26,000 FICA, FITC TAXES, Workers Comp, Fringe Benefits \$3,000	69,000
Expense/Equipment/Travel/Supplies/Other	Office Supplies \$1,000, Utilities \$200 Technology to update website \$700 Communications for telephone and Internet services \$1,000 Facility & Property Insurance \$1000, Postage \$50 Building Maintenance \$500 Advertisement \$1,000	5,450
Consultants/Contracted Services/Study	Book keeping services	3,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Program Manager will oversee 3 programs to include outreach to increase participation, scheduling facilitators and cohort dates, and arranging logistic for graduations and activities. \$40,000. Program Coordinator will provide administrative support to programs and provide outreach. \$29,000. Case Manager will perform intake and case manage all clients and participants. \$ 33,500 X 2. Part-time Mental Health Counselor will provide individual counseling, group therapy, and crisis intervention. \$25,000	166,000
Expense/Equipment/Travel/Supplies/Other	Provide support services to at risk clients and participants such as rent, utilities, daycare, and food. \$50,000. Conferences and travel to attend veteran related meetings \$5,000. Supplies \$2500. Technology and Communications \$3500. Printing and Advertisement is needed to promote the HerTOTALWellness. \$5000. Liability Insurance is required because the organization work with clients \$2,500. Marketing \$5000.	68,500
Consultants/Contracted Services/Study	Program Facilitators (instructors) teach program workshops. Some of the facilitators require payment	10,500
<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>389,450</b>



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## 11. Program Performance

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

Funds allows us to provide emergency shelter for homeless women veterans and their children. We will also provide preventive services to keep veterans in their homes. We will increase participation in our HerTOTALWellness program which addresses mental health through psycho-educational workshop, community engagement, and economic empowerment.

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

HerTOTALWellness is a 6-week program with 6 cohorts annually, created to empower women veterans on their path to self-sufficiency by addressing their holistic needs. This includes, Body, Mind, and Economic Empowerment. We will also provide direct supportive services to at-risk women veterans and their children who are not HerTOTALWellness participants but come to the organization as walk-ins, agency referrals, or 211 calls.

c. What direct services will be provided to citizens by the appropriation project?

Mental health counseling, rent and utilities assistance, emergency shelter, transportation, food, and clothing help. In addition, the HerTOTALWellness program host workshop facilitators, garden therapy, yoga, and self care retreats.

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

Women veterans of all ages, to include those with poor mental and physical health, jobless, economically disadvantaged, homeless, physically disabled, victims of crimes, and formally incarcerated. We expect to assist 150 or more clients.

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

Improve mental health, enhance economic self-sufficiency, and improve housing stability. Our The outcome will show and decrease in homelessness among women veterans, increase in participation in HerTOTALWellness thereby decreasing suicide, increase in employment In 2018 we successfully assisted 120 new clients. In 2019 as of July, this number has reached 80. With a increase in needs, our program will show, with funding, the ability to enhance the lives of women who served. This will be evident through data gathering.

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?

Inability to request state funding for proposed projects for the organization for a minimum of two years



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
  - Non-Profit 501(c) (3)
  - Non-Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.