



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1403

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

4. **Project/Program Description**

The All County Empowerment Project is the embodiment of providing those living in our community with the means necessary to provide for, not only themselves, but their families as well. Nothing with just education can be achieved without support. The Guatemalan Maya Center (GMC) provides a network of advocacy for the disenfranchised in Palm Beach County and includes social services outreach, translation from indigenous languages, holiday dinner boxes, and citizenship classes. A Mothers Support group would be a welcome addition to our program in providing a much needed service.

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="80,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="70,000"/>
Total State Funds Requested	150,000

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="150000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
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"/> %
Total Project Costs for Fiscal Year 2020-2021	150,000	100 %

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Two social workers.	70,000
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Partial rent and maintenance of three places.	80,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		150,000



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11. Program Performance

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

The specific goal to be achieved with these funds is to fund a Mothers Support group where english classes, nutrition, parenting, budgeting as well as computer classes would be available.

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

Classes will be attended at the GMC where the women will have access to a classroom where a teacher will instruct on english, nutrition, parenting, budgeting and basic computer skills. The services listed in 11c are also available to supplement the needs of the women who attend these classes.

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

Social Services to over 1000 families of over 55 different countries, Clothing; Citizenship Classes; Landlord Tenant Disputes; Advocate for Human Rights at a national, state and local level; Diaper Bank; Domestic Violence Referrals; Back to School Supplies; Holiday Dinner Boxes; Christmas Gifts for children; Wage Theft Referrals; Immigration Referrals; New Arrivals Assistance; Early Learning Coalition Child Care Referral; HIV Testing;Translations of the Maya languages; Basic Produce/Bread/Canned Goods; and Promotion of Indigenous Art and Music.

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

The target population is the community of Lake Worth and its surrounding cities. Encompassing this population is a subgroup of Guatemalans estimated to be over 30,000 and growing. This estimation was presented during a Lake Worth City Council Meeting in October. The next largest subgroups are the Haitian community as well as the Homeless. All populations are growing at a steady rate. Currently, GMC serves over 1000 clients per month with a steady 10% monthly increase over the last year. The majority are single mothers with no verifiable forms of income.

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

The expected benefit of this project is to increase services that are underfunded presently. This project is a reflection of the growth in population in Palm Beach County. The methodology used for outcomes measured will be through intake logs, videos, and surveys.

- 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?

Suggested penalties for failing to meet deliverables or performance measures provided for in the contract would be cancellation of said contract and/or reimbursement of funds to the state.



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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.