



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1609

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

4. **Project/Program Description**

Place of Hope, Inc. provides essential services to our communities most vulnerable population by providing care in child welfare through foster care stability, support and housing from birth to 23, maternity care, homeless programs and human trafficking prevention and education to at-risk youth and community members and recovery services for victims of trafficking.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	500,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	650,000	319A	No

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

If yes, indicate the amount of funds received and what the funds were used for.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	To cover the cost of staff members responsible for foster care recruitment, training, and licensing, trafficking prevention, education and recovery, family-style neighborhood foster homes, maternity home and transitional and supportive housing settings.	50,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	To cover the cost of staff members responsible for foster care recruitment, training, and licensing, trafficking prevention, education and recovery, family-style neighborhood foster homes, maternity home and transitional and supportive housing settings, providing daily care for youth in programs.	450,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

12. Program Performance

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

Place of Hope, Inc. is requesting funding to continue to meet the unprecedented increases in regional placement needs for Florida's abused and neglected children, victims of human trafficking and otherwise homeless young adults.

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

Specifically, the request includes funding for program operating expenses associated with our "seamless" provision of programming, housing and therapeutic support for abused and neglected children, sexually exploited adolescent youth and other victims of human trafficking throughout Florida. The funding will also help to continue our highly sought Human Trafficking Prevention and Education Classes for at-risk youth and community members.

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

We also provide assessment center and emergency shelter, foster care options, maternity care, enhanced family-style group care, Neighborhood foster homes, Extended Foster Care (EFC) and post-emancipation transitional and supportive housing programs (multiple locations) for victims of human trafficking throughout Florida. Place of Hope also provides human trafficking prevention and education for at-risk youth (to recognize potential situations of human trafficking) as well as community members (to recognize the signs of human trafficking).

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

Our Child Welfare, Foster Care and Human Trafficking Prevention and Education Support Services initiative impacts victims of human trafficking, children in foster care, at-risk youth and the community at large.

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



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be measured?

Our community will have knowledge of how to prevent human trafficking and rescue victims of human trafficking. The methodology will be tracking the number of individuals who attend our prevention and education sessions. Place of Hope will also provide housing and services to victims of human trafficking which will be recorded by how many lives are saved. Place of Hope will be able to provide for abused and neglected children, homeless youth and victims of human trafficking by an increased number of foster homes, neighborhood foster homes, family-style group homes, extended foster care, maternity care and transitional and supportive 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 the contract?

Failure to meet deliverables without notifications of good reason will result in financial penalties as described in contract.

13. 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



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14. Requestor Contact Information

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

15. 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

16. Lobbyist Contact Information

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