

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Florida Senate **Local Funding Initiative Request Fiscal Year 2021-2022**

Access Community Awareness Center

Victor Torres

02/08/2021

LFIR # 1611

individuals and fam operations so that of food, clothing and e	ilies so they can bed our agency continues mergency cash ass	come self-reliant is to assist 1,300 istance for basic	low income families w	dependent. This fund ith housing security, of dical emergencies. V	ding will support ongoing entitlements assistance, Ve will also expand our		
5. State Agency to re	ceive requested fu	nds Depart	ment of Children and I	amilies			
State Agency cont	acted? No						
6. Amount of the Non	recurring Request	for Fiscal Year	2021-2022				
Type of Funding			Amount				
Operations			285,000				
Fixed Capital Outla	У			100,000			
Total State Funds	Requested			385,000			
7. Total Project Cost	for Fiscal Year 202	1-2022 (includi	ng matching funds av	railable for this proj	ect)		
Type of Funding			Amount	Percentage			
	Requested (from que	estion #6)	385,00	0 82%			
Matching Funds							
	Federal			0%	 		
	State (excluding the amount of this request)			0%	1		
Local			10,000 75,000		1		
Other	Other			16%			
Total Project Cost	Total Project Costs for Fiscal Year 2021-2022			100%			
8. Has this project pr	eviously received	state funding?	No		1		
Fiscal Year (уууу-уу)	Amount		Specific Appropriation #	Vetoed			
	Recurring	Nonrecurring	g Appropriation #				
9. Is future funding li			Yes		1		
a. If yes, indicate r	nonrecurring amou	nt per year.	250,000				
b. Describe the so	urce of funding tha	at can be used i	n lieu of state fundin	g.			
We have secured fiscal year. We are local government g	confident we will su	e foundations, co stain and expan	orporations and sponso d private grants this ye	orships this past ar and secure a			



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Yes

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

SBA gave us a grant for \$6,000 and also a loan of \$22,300 under an EIDL Loan. Covid relief funds were used for expenses such as Payroll, IT Consultant, Marketing, and office equipment.

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

Spending Category	Description	Amount					
Administrative Costs:							
Executive Director/Project Head Salary and Benefits	Founder/CEO/Executive Director	10,000					
Other Salary and Benefits	Administrative Assistant and Office Manager	35,000					
Expense/Equipment/Travel/Supplies/Other	Travel to multiple offices	5,000					
Consultants/Contracted Services/Study	IT Consultant for Website and Social Media Maintenance 5,000; Grant Writer 10,000.00; Accountant 10,000.00	25,000					
Operational Costs: Other							
Salary and Benefits	Executive Director, Administrative Assistant, Office Manager, Targeted Case Management Supervisor	125,000					
Expense/Equipment/Travel/Supplies/ Other	Office Supplies, Equipment, Marketing Printed Material, Subscriptions and fees, Social Media Marketing, Computers, Technology software, Internet and Phone, Liability insurance, Rent, Furniture, Travel to various county offices.	60,000					
Consultants/Contracted Services/Study	IT Consultant for Website and Social Media Maintenance 15,000; Grant Writer 10,000.00;	25,000					
Fixed Capital Construction/Majo	r Renovation:						
Construction/Renovation/Land/ Planning Engineering	Open office in Osceola, Orange, Duval Counties including cost of renovation, permits and license in each county.	100,000					
Total State Funds Requested (must equal total from question #6)							

12. Program Performance

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

This funding will support ongoing operations so that our agency continues to assist 1,300 low income families with housing security, entitlements assistance, food, clothing and emergency cash assistance for basic human needs and medical emergencies. We will also expand our reach across the state by establishing new offices, allowing us to serve an additional 1,000 Floridians in need.

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

Our staff will conduct comprehensive intake assessments, work closely with clients to develop their goals and an action plan, assist them to applications and processes to access resources, provide emergency cash assistance and advocate for them via referrals and landlord mediation, etc. We educate our clients about our referral process, match them with the appropriate service, prequalify them with our partnering organizations, help with requires paperwork, and arrange appointments if needed. We follow up clients, make home visits and lead food distribution events. ACAC works with government agencies and offices, nonprofits agencies and foundations, for-profits companies and corporations, and faith-based groups to ensure that our clients are getting the best help they need. We help close the gap between desperation and hope, providing a lifeline to people in need of help.

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



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We will assist low income families with basic human needs by offering intensive case management services, emergency assistance and referrals to partner organizations, at no cost. Our team works with clients hand in hand to ensure they have the tools and support they need to succeed and achieve self sufficiency. We not only are an Access Community Partner but also have more than 25 other organizations working together to assist Individuals with Handicap Disabilities, Victims of Domestic Violence, Returning Citizens, Free Durable Medical Equipment, mental health and more.

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

We target the following population: Low income, Communities of Color, Elderly Person, People with poor mental and physical health, Jobless, Economically Disadvantaged, Homeless, Developmentally Disabled, Physical Disabled, formerly incarcerated persons, and drug offenders. Throughout five years we have provided assistance to thousands of customers. We have a case worker as our case manager, also we have been approved from UCF University four students who are graduating from a Master's Degree in Social work. As such, we have been able to assist children or adults suffering from Autism, ADD, ADHD, Dyslexia, By Polar, Schizophrenia, Depression, Anxiety, Panic Disorder, and other conditions.

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

By addressing basic human needs including housing and food security, we are improving the physical and mental health, enhancing self sufficiency and economic mobility of 2,000 individuals, specifically during critical times such as in the middle of a pandemic. A Case Manager will track all services and referrals for each client. Emergency cash assistance and additional case management support alleviates the family's crisis and helps them achieve stability so they can work on self sufficiency. By assisting financially and securing basic human needs, we equip clients to work on their employment and career goals, increasing their income and earning potential. We anticipate that 50% of those served will improve their economic circumstances.

Case Manager will track the number of people referred for work and work readiness programs.

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?

Hold funds until we meet deliverables and/or take necessary action to correct any issues with program implementation.

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.

Health Plan Market. Justin Jacob is the owner. 6218 W. Colonial Dr Ste 212, Orlando Fl 32808 and Jacksonville -1403 Dunn Ave, Ste 9, Jacksonville Fl 32118



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14. Requestor Contact Information									
	a. First Name	Brenda		Last Name	Santana				
	b. Organization	Access Community Awareness Center, Inc							
	c. E-mail Address	bsantana@acawarenesscenter.org							
	d. Phone Number	(321)662-0945 Ext.							
15. Recipient Contact Information									
	a. Organization	Access C	community Aware	eness Center	, Inc				
b. Municipality and County Orange									
	c. Organization Type								
	□For Profit Entity	,							
	☑Non Profit 501(c	(c)(3)							
	□Non Profit 501(c	(c)(4)							
	□Local Entity								
	□University or College								
	□Other (please specify)								
	d. First Name	Brenda		Last Name	Santana				
	e. E-mail Address	bsantana@acawarenesscenter.org							
	f. Phone Number	(321)662-0945							
16. Lobbyist Contact Information									
	a. Name	None							
	b. Firm Name	None							
	c. E-mail Address								
	d. Phone Number								