



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1145

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

HOPE Mission is a referral-based center that provides free access to information and community resources. The project will connect and provide vulnerable populations in Miami-Dade County with information and recommendations on available resources and benefits specific to their needs (healthy living, nutrition programming, and workforce development/job retraining, etc.).

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 100,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 100,000 |

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|----------------|-------------|
| Total State Funds Requested (from question #6) | 100,000 | 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 2022-2023 | 100,000 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2021-22 | 0 | 100,000 | 345 | 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.

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 | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | Executive Director | 40,000 |
| Expense/Equipment/Travel/Supplies/Other | Community outreach to undeserved populations with government and nonprofit organizations. | 60,000 |
| 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) | | 100,000 |

12. Program Performance

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

Increase our commitment to building and strengthening the capacity of community-based networks with peer institutions, civic leaders, and other stakeholders as well as provide critical services and resources that contribute to the wellbeing of the residents. We have partnered with DCF to have an access center to help facilitate those services.

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

Connect and provide vulnerable populations in Miami-Dade County with information and recommendations on available resources and benefits specific to their needs (healthy living and nutrition programming, workforce development / job retraining).

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

The funds will be to continue providing our community and families, especially those most vulnerable with trusted resources and services who are experiencing hardships.

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

Undeserved populations. 200-400 individuals.

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

Enhance the quality of life of individuals across our community through individual and family services, community programs, and partnerships with other organizations and resources.

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?

The department's standard contract penalties for failing to meet deliverables / funds not provided.



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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