



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1239

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 Active Duty, National Guards or Reservist 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 continue administering four critical and successful programs:

- "Operation HandUP" provides services to homeless and at-risk women veterans and their children. Financial assistance such as emergency shelter, rent, utilities
- "HerTOTALWellness" is a 6-week program designed to empower women veterans on their path to self-sufficiency by addressing their holistic needs. It is focused on three primary domains of wellness: Body, Mind, and Economic Empowerment.
- "HerSPACE" provides emergency shelter for homeless women veterans and their children and help stabilize them to go into permanent housing.
- "HerBIZ" is a 6-month program designed to help women veterans start their own business.

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	497,005
Fixed Capital Outlay	0
Total State Funds Requested	497,005

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)	497,005	77%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	150,000	23%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	647,005	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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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none

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

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

We received \$148,261.25
 65% - Directly to clients needing financial assistance (Rent/Utilities/Mortgage)
 5% - Purchase of technology to accommodate virtual operations
 15% - Salaries
 15% - Rent

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	CEO is responsible for overall function of the organization to include attend meetings relevant to programs and wellbeing of women veterans, also facilitate workshops, create annual budget, supervise management team, ensure organization is aligned with goals and objective outlaid in strategic plan. Salary \$70,000 FICA, FITC TAXES Workers Comp, Fringe Benefits \$6,600	76,660
Other Salary and Benefits	Office Manager will supervise staff, manage facilities, maintain accounting processes, attend meetings, prepare reports, and train office personnel. \$45,000 Admin Assistant will provide basic admin support, answer phones, schedule appointments, utilize office equipment, prepare correspondence, \$28,000 FICA, FITC TAXES, Workers Comp, Fringe Benefits \$8,000	81,000
Expense/Equipment/Travel/Supplies/Other	Office Supplies \$3,000, Rent \$20000 Technology to update website \$700 Communications for telephone and Internet services \$3,445.00 Liability Insurance \$1000.00, Postage \$500 Advertisement \$2,000	30,645
Consultants/Contracted Services/Study	Bookkeeping	4,500
Operational Costs: Other		
Salary and Benefits	Sr Case Manager will oversee all case management functions and provide counseling \$25,000 Alumni Case Manager \$40,000 Programs Outreach Coordinator. \$20,000 HerSPACE Case Manager \$35,000 HTW Program Coordinator \$20,000 Full-time Licensed Mental Health Counselor will provide individual counseling, group therapy, and crisis intervention. \$25,000 FICA, FITC TAXES, Workers Comp, Fringe Benefits. \$16,000	177,000
Expense/Equipment/Travel/Supplies/Other	Operation HandUP (Supporting all programs) \$75,000 Conferences and travel to attend veteran related meetings & Training \$5,000 Supplies \$2500 Technology and Communications \$1500 Printing. \$1500 Liability Insurance \$2,500 Marketing \$4000	84,000



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Consultants/Contracted Services/Study	Security for HerSPACE Program. \$25000 Facilitator for HerBIZ. \$7000 Yoga Instructor. \$700 Facilitator for HeTOTALWellness Health/Nutrition Workshop - \$10000 Facilitator for Therapeutic Art Workshops - \$500	43,200
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		497,005

12. Program Performance

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

Funds will support all programs within the organization. These programs are the only in the State of Florida that provide holistic and wrap-a-round services for women veterans. The goal is to help women veteran with personal and professional development, Help stabilize at-risk or homeless women veterans and their children, and provide resources for their success. These programs has helped to combat suicide among women veterans but presenting to them options and resources to make healthy decisions for their lives.

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

HerTOTALWellness (HTW) is 6 weeks of workshops on nutrition, suicide prevention, VA claims, employment prep, self-care, public speaking, group therapy, educational opportunities, financial literacy, to name a few.
HerSPACE provides temporary shelter for 7 women and children up to 6 months. They are assigned case managers to assist them in setting goals and working on them. They are also required to attend HTW if staying for extended time
HerBIZ allow women veterans to spend 6 months in workshops and hands-on assistance to help them start their own business
Operation HandUP provides clothing, food, transportation, counseling, and financial assistance to women veterans and their children.

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

All the services noted in section b. will be provided to citizens who has served in the military. Our services are also extended to daughter of veterans age 18-24.

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

Women veterans and their children. - Expect to serve 250 women veterans
Daughters of veterans (18-24) - Expect to serve 10

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

Outcomes - 90% graduation rates for all programs overall -Method: Number enrolled against number completed program.
80% in HerSPACE program will move into permanent housing - Method: Number entered house again number transitioned into permanent housing
100% eligible for VA benefits will be enrolled. Method: All participants/occupants are screened to determine eligibility and then connected to a VSO or VA Health system
95% of HerBIZ graduates will be ready to open for business. - Method: all lega

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?

Not eligible to apply for appropriated funds for following year.

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.



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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