



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2691

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Tuf Luv is a multifaceted organization that's geared towards educating acute Child Sexual Abuse, empowering victims and evolving survivors by raising awareness through prevention, intervention and treatment at the time of disclosure until disposition, creating a culture where victims feel safe to report and we can break through the bystander barrier. Tuf Luv is designing CSA Survivor Support Groups but then by Using groups within Tuf Luv to study, adapt implementation practices to capitalize on shared learning and collaboration. Tuf Luv intends on creating programs that combine participatory multi-session training on topics that promote empowerment while encouraging women, especially low income, women of color, to pursue business ownership as a path to financial stability, the loop of loss of productivity stolen by CSA can be closed.

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 | 800,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 800,000 |

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) | 800,000 | 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 | 800,000 | 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.

Donations, Gifts, Fundraisers, Partnerships, Sponsorships

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



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No

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

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

| Spending Category | Description | Amount |
|--|---|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | Responsible for overseeing the administration programs and strategic plan of Tuf Luv including fundraising, marketing and community outreach | 55,000 |
| Other Salary and Benefits | Essential Staff, CFO/Accountant, COO, CCO, Administrative Assistant, etc | 85,000 |
| Expense/Equipment/Travel/Supplies/Other | Administrative Duties to run efficiently | 40,000 |
| Consultants/Contracted Services/Study | Licensed Therapists, Business/NPO Consultants, Training Agencies, Crisis Intervention Trainings, Research Studies | 100,000 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | Insurance, Workers Comp Insurance, Company Vehicle(s), Tuf Luv Transport, Program Supplies, Furniture for space, electronics(computers, printers, fax, telephone) \$65,000 Lease or building costs, Electric, Gas, Water, Cable, Internet, Phone (\$500/month) \$275,000 | 340,000 |
| Consultants/Contracted Services/Study | Programs, R&D, Studies | 180,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 800,000 |

12. Program Performance

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

Victim centered services to help improve the outcomes for survivors and mitigate long-term negative health consequences. Services are based on the unique needs and circumstances of victims and survivors.

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

Support Groups (Links, Bridges, Mends); Participatory multi-session trainings on topics to promote empowerment; Tuf Luv Child Abuse Prevention (CAP) classes in schools; and CPR (Community Pride Restoration) events.

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

Tuf Luv will offer community education, professional development, advocacy, sexual assault survivor, support groups, and referral assistance programs

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

The target population the undisclosed, unrecognized and disguised children, men, women, active duty service members/veterans, institution/Prison Population, Immigrants, LGBTQIA and the Residentially Challenged (Homeless Community).

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



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Interventions help address depression, fear, anxiety, problems adjusting to school, work or daily life, and other symptoms of distress associated with experiencing sexual violence. Tuf Luv will be addressing poverty and economic insecurities. Will be measured by follow up studies sustained at 6 months, 1 year, and 24 months (quarterly intervals).

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?

Intensive training and retraining for staff and volunteers upon failure to meet deliverables.

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