

LFIR # 1626

| 1. Project Title | STEPS for Succ | ess | | | | | |
|---|--|--|---|---|--|---|--|
| 2. Senate Sponsor | Danny Burgess | | | | | | |
| • | | | | | | | |
| 3. Date of Request | 02/14/2023 | | | | | | |
| 4. Project/Program D | escription | | | | | | |
| This is done by prove Employment/Income and motivation to im resources. An Indivi creation and succes | viding suport to three e. STEPS serves 20 aprove their current idual Goal Plan is cr as of achieving all of afe and affordable he | e (3) basic tena 00 low-income situation and u eated for with their goals. Co omes and earr | ants that resident tilizes a each ind ompletich a more | t support financial is within Hillsborou case manageme dividual/family to ean of the program competitive wage | stability; Housing, ugh County, who d nt model to link ind ensure that clients helps families stab e that results in mo | emonstrate the desire ividuals to community are included in the | |
| 5. State Agency to re | | | • | of Economic Opp | • | | |
| | • | ilius Dep | artinent | . Of Economic Opp | Jorturnity | | |
| State Agency conta | acted? Yes | | | | | | |
| 6. Amount of the Non | recurring Request | for Fiscal Yea | ar 2023- | -2024 | | | |
| Type of Funding | | | | Amo | ount | | |
| Operations | | | | | 402,75 | 0 | |
| Fixed Capital Outlay | У | | | 0 | | | |
| Total State Funds Requested | | | | 402,750 | | | |
| Total State Funds | Requested | | | | 402,75 | 0 | |
| | • | 0.0004 (50 alone | | 4-1 5 6 1 | | | |
| 7. Total Project Cost | • | 3-2024 (includ | ling ma | tching funds ava | | | |
| 7. Total Project Cost to Type of Funding | for Fiscal Year 202 | ` | ling ma | Amount | Percentage | pject) | |
| 7. Total Project Cost to Type of Funding Total State Funds R | • | ` | ling ma | | Percentage | pject) | |
| 7. Total Project Cost to Type of Funding Total State Funds R Matching Funds | for Fiscal Year 202 | ` | ling ma | Amount 402,750 | Percentage 57% | pject) | |
| 7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal | for Fiscal Year 202 Requested (from que | estion #6) | ding ma | Amount 402,750 | Percentage 57% | pject) 6 | |
| 7. Total Project Cost to Type of Funding Total State Funds R Matching Funds Federal State (excluding the | for Fiscal Year 202 Requested (from que | estion #6) | ding ma | Amount 402,750 0 | Percentage 57% | pject) 6 6 | |
| 7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local | for Fiscal Year 202 Requested (from que | estion #6) | ding ma | Amount 402,750 0 0 300,000 | Percentage 57% 0% 0% 43% | oject) 6 6 6 | |
| 7. Total Project Cost to Type of Funding Total State Funds R Matching Funds Federal State (excluding the | for Fiscal Year 202 Requested (from que | estion #6) uest) | ling ma | Amount 402,750 0 | Percentage 579 09 09 439 | Dject) 6 6 6 6 | |
| 7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other | for Fiscal Year 202 Requested (from que amount of this requested Year 20 | uest) | | Amount 402,750 0 300,000 702,750 | Percentage 57% 0% 0% 43% | Dject) 6 6 6 6 | |
| 7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr | for Fiscal Year 202 Requested (from que amount of this requested Year 20 | uest) 023-2024 state funding | | Amount 402,750 0 0 300,000 0 702,750 | Percentage 579 09 439 09 1009 | Dject) 6 6 6 6 | |
| 7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs | for Fiscal Year 202 Requested (from que e amount of this reque s for Fiscal Year 20 eviously received | estion #6) uest) 023-2024 state funding | ? N | Amount 402,750 0 300,000 702,750 | Percentage 57% 0% 0% 43% | Dject) 6 6 6 6 | |
| 7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr | for Fiscal Year 202 Requested (from que amount of this requested Year 20 | uest) 023-2024 state funding | ? N | Amount 402,750 0 300,000 702,750 Specific | Percentage 579 09 439 09 1009 | Dject) 6 6 6 6 | |
| 7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr | Requested (from quested (from | estion #6) D23-2024 State funding ount Nonrecurri | ? N | Amount 402,750 0 300,000 702,750 Specific | Percentage 579 09 439 09 1009 | Dject) 6 6 6 6 | |
| 7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (уууу-уу) | Requested (from quested amount of this requested services for Fiscal Year 20 eviously received amount of this requested services for Fiscal Year 20 eviously received amount of this requested services for Fiscal Year 20 eviously received amount of this requested services for Fiscal Year 20 eviously received services for Fiscal Year 20 eviously | estion #6) uest) 23-2024 state funding ount Nonrecurri | ? N | Amount 402,750 0 0 300,000 0 702,750 Specific Appropriation # | Percentage 579 09 439 09 1009 | Dject) 6 6 6 6 | |
| 7. Total Project Cost of Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding li | s for Fiscal Year 202 e amount of this requested (from quested (from quested (from quested amount of this requested seriously received amount of this requested (from quested amount of this requested amount of this requested (from quested from Fiscal Year 20) Amount of this requested (from quested from Fiscal Year 20) Amount of this requested (from quested from Fiscal Year 20) Amount of this requested (from quested from Fiscal Year 20) Amount of this requested (from quested from Fiscal Year 20) Amount of this requested (from quested from Fiscal Year 20) Amount of this requested (from quested from Fiscal Year 20) Amount of this requested (from quested from Fiscal Year 20) Amount of this requested (from quested from Fiscal Year 20) Amount of this requested (from quested from Fiscal Year 20) | estion #6) D23-2024 State funding Nonrecurri ed? Int per year. | ? N | Amount 402,750 0 300,000 0 702,750 Specific Appropriation # | Percentage 579 09 439 09 1009 | Dject) 6 6 6 6 | |



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11. Status of Construction

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

The amount was \$560,000 from PPP II and it was used on safety equipment and general operations/support.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| a. What is th | e current phase | of the project? | | |
|----------------|------------------|--|----------------------------|----|
| OPlanning | ODesign | Construction | | |
| b. Is the proj | ect "shovel read | ly" (i.e permitted)? | | |
| c. What is th | e estimated star | t date of construction? | | |
| d. What is th | e estimated com | pletion date of construction? | | |
| | | ty to receive, directly or indirec wners of the facility and the enti | outlay funding. Include th | ıe |
| | | | | |

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

| Spending Category | Description | Amount | | | | |
|---|---|---------|--|--|--|--|
| Administrative Costs: | | | | | | |
| Executive Director/Project Head Salary and Benefits | Chief Executive Officer, Chief Operations Officer, and Chief Financial Officer | 65,149 | | | | |
| Other Salary and Benefits | HR Generalist, Brand and Marketing Manager, Accounting Associate, Social Media Associate | 21,500 | | | | |
| Expense/Equipment/Travel/Supplies/ Other | | 0 | | | | |
| Consultants/Contracted Services/Study | | 0 | | | | |
| Operational Costs: Other | | | | | | |
| Salary and Benefits | Director of Programs, STEPS Program Manager, Navigators HR/payroll staff | 229,451 | | | | |
| Expense/Equipment/Travel/Supplies/ Other | Program materials, supplies, travel, copier, supportive funds for clients, data storage and hardware for client database, marketing materials, and cell phones. | 86,150 | | | | |
| Consultants/Contracted Services/Study | Translation of documents. | 500 | | | | |
| Fixed Capital Construction/Major Renovation: | | | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | | | |
| Total State Funds Requested (must equal total from question #6) 402,750 | | | | | | |

14. Program Performance

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



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The funds will be used to support the implementation of the STEPS for Success self-sufficiency program. The funds will support salaries and costs to implement the program. The goal of the program is to provide one on one individualized supportive and wrap around services to help individuals and families rise above their circumstances and obtain better housing, training, education, and employment.

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

STEPS for Success is focused in immediate, basic needs including but not limited to housing, food, transportation, medical, utility bill assistance, employment referrals, and support with achieving a minimum of one goal. During the period of time the navigator will provide support, to the individual/family, maintain consistent contact until the goal is achieved. Full time Navigator will carry a case load up to 20-25 at one time. A total of 200 individuals will be served annually. It is anticipated that 4-5 Full Time Navigators would be hired and provide services to 200 cumulative individuals.

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

Participants enrolled in STEPS for Success will be provided individualized services that they specifically need. This includes but is not limited to housing, food, transportation, medical, utility bill assistance, employment and training referrals and achieve a minimum of one goal.

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

200 Individuals/Families will be served. The target population is any individual /family that is in crisis and has the desire to improve their circumstances. University Area CDC primarily serves the Hillsborough County area.

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

The expected outcome for individuals/families at completion of the program, is that they have obtained or sustained a safe affordable home, obtained a better job, achieved an educational goal and/or increased his/her income. This is measured by completion on the individualized goal pln and an increase in scores on the Arizona Self-Sufficiency Matrix.

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?

If STEPS for Success does not meet the deliverables, the funder imposes a corrective action plan in which agencies work on their improvements within an allotted time frame. These improvements are documented and regularly reviewed by staff. Once the action plan is complete, there is a final review to determine if all corrective goals and deliverables were met. If not, penalties persist including a possible reduction of funds or termination of contract.

| 15 | . Requester Contact | Informat | ion | _ | | | |
|----|-------------------------------------|-------------------------|------------|-----------|-------|--|--|
| | a. First Name | Sarah | | Last Name | Combs | | |
| | b. Organization | University | y Area CDC | | | | |
| | c. E-mail Address | scombs@ | uacdc.org | | | | |
| | d. Phone Number | ne Number (813)558-5212 | | | 301 | | |
| 16 | 16. Recipient Contact Information | | | | | | |
| | a. Organization University Area CDC | | | | | | |
| | b. Municipality and | d County | | | | | |
| | c. Organization Type | | | | | | |
| | □For Profit Entity | | | | | | |
| | ☑Non Profit 501(c)(3) | | | | | | |
| | | | | | | | |



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| □Non Profit 501(c | □Non Profit 501(c)(4) | | | | | | |
|------------------------|------------------------------------|-----------|-------|--|--|--|--|
| □Local Entity | □Local Entity | | | | | | |
| □University or Co | □University or College | | | | | | |
| □Other (please sp | □Other (please specify) | | | | | | |
| d. First Name | Sarah | Last Name | Combs | | | | |
| e. E-mail Address | e. E-mail Address scombs@uacdc.org | | | | | | |
| f. Phone Number | (813)558-5212 | | | | | | |
| 17. Lobbyist Contact I | 7. Lobbyist Contact Information | | | | | | |
| a. Name | a. Name Jose Diaz | | | | | | |
| b. Firm Name | Robert M. Levy & Associates Inc | | | | | | |
| c. E-mail Address | jdiazj@aol.com | | | | | | |
| d Phone Number | (850)294-7583 | | | | | | |