



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2205

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Lotus House Women's Shelter Education and Employment Program delivers life-changing employment and educational support, training, services, referrals and internships/employment and job placement opportunities to high special needs homeless women and youth, helping them learn, grow, thrive and lead lives of greater opportunity for themselves and their families.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	0
Total State Funds Requested	200,000

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	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 2023-2024	200,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	100,000	200,000	122	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.**

No other of funding is available in the amount needed for the success of this program and the women and youth it serves.

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



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

We were recently awarded ARPAN dollars from the City of Miami in the amount of \$200,000, however, those dollars are not being used to support our Education & Employment Program. We have also received additional dollars from FEMA's Emergency food and shelter program via their ARPA phase in the amount of \$570,000.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. 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	Wages and Benefits for Program Director; Education and Employment Director; Education and Employment Coordinator, Culinary Educational Teacher; Culinary Educational Director; On-site client job training internships	145,000
Expense/Equipment/Travel/Supplies/Other	Materials and Supplies - uniforms, licenses, school supplies, office supplies etc.	55,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
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)		200,000

14. Program Performance

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



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

One on one education support, individual/group life skills training, computer access and instruction, employment supports/linkages, resume creation, job search workshop, access to professional attire, job readiness training, intensive vocational certification training, paid/unpaid employment internships, high school/GED completion support and other activities aimed at improving their lives.

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

One on one education support, individual/group life skills training, computer access and instruction, employment supports/linkages, resume creation, job search workshop, access to professional attire, job readiness training, intensive vocational certification training, paid/unpaid employment internships, high school/GED completion support and other activities aimed at improving their lives.

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

All those served are high special needs women, youth and children who are experiencing homelessness in Miami and are sheltered at our facility. Most have unmet medical needs, unmet mental health needs and little to no prior education/employment before entering our program.

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

170 will participate in 75% of the following activities: one on one education support, like skills groups, one on one employment coaching and access to computers.
 170 will participate in 50% of the following activities: obtain employment or increase employment income, completed resume, job search workshop and access to professional clothing.
 Other activities offered as needed/appropriate: job readiness training, intensive vocational training, paid/unpaid internships and assistance with completion of high school diploma/GED.

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?

No payment if deliverables are not met.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)



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- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number