



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2261

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To enhance the quality of life of individuals across our community through individual and family services, community programs, and partnerships with other organizations. Moreover, connect and provide residents/under served communities in Miami-Dade County with information and recommendations on available resources and benefits.

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	105,000
Fixed Capital Outlay	0
Total State Funds Requested	105,000

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)	105,000	68%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	50,000	32%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	155,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	100,000	350	Yes

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.

None at this time.

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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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	Executive Director	45,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Community outreach to underserved populations.	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)		105,000

14. Program Performance

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

To enhance the quality of life of individuals across our community through individual and family services, community programs, and partnerships with other organizations. Moreover, connect and provide residents in underserved communities in Miami-Dade County with information and recommendations on available resources and benefits.

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

We assist low-income individuals on a daily basis with Medicaid/Medicare applications, food stamp applications, workforce development, employment referrals, citizenship applications, housing applications, and rental assistance applications.

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



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The services vary based on individual cases. Assistance may include, but is not limited to, rental assistance, utility payments, medical services, food assistance, diapers, baby formula, clothing and other baby items for homeless and battered women, and burial expense assistance.

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

We assist everyone that comes to our doors that meets the federal definition of low-income.

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

The expected benefit would be filling gaps in community services and identifying solutions to unmet needs for low-income individuals in northwest Miami-Dade. Ultimately, we want to help individuals overcome hurdles and move forward to their next steps in life's journey.

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?

Penalties may be assessed upon each separate failure to comply with instructions from the Department to complete a corrective action plan. Penalties shall not exceed 10% of the total contract.

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)

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



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b. Firm Name

None

c. E-mail Address

d. Phone Number