



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2374

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

"Every Dream Begins at Home" program consists of initiatives aimed to alleviate the financial burden on under-served families in our community. Adopting families throughout the year providing clothing, food, and other basic necessities. Toys to during the holidays to assist the families and bring them joy. Offering a free summer camp to 250+ children for 8 weeks in which they are taken care of, fed and entertained so parents can go to work and know their children are safe.

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	350,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>350,000</b>

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)	350,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>350,000</b>	<b>100%</b>

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.

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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PPP Loan Forgiveness for payroll expenses \$25,000

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Project Coordinator; Camp Director; Counselors	107,000
Expense/Equipment/Travel/Supplies/Other	Food; clothing; basic necessities (furniture; mattresses; other); Field Trips; supplies (games, books, software, art supplies, etc); Toys; gift cards; wrapping paper; t-shirts; insurance; transportation; space rental.	243,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>350,000</b>

### 14. Program Performance

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

The goal achieved through the request and acquisition of these funds would be to achieve the goals of our initiatives and the growth of our "Every Dream Begins at Home" program with the appropriate funding.

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



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Adopt 50+ families where our volunteers provide clothing, food, and other basic necessities. Bring joy to less fortunate children during the holidays and distributing over 3,000 toys and gift cards. Offering a free eight week summer camp to children ages 7-13 to keep them in a safe, learning environment so parents can go to work.

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

Over 50 families will be provided much needed items like clothing, food, other basic needs to and leave an impact and opportunity for betterment in each family. Over 3,000 children will receive a toy during the holidays, bringing joy to less fortunate families. Over 250+ children 7-13 will have an opportunity to attend a free 8 week summer camp that offers a safe and learning environment so parents can go to work.

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

We target low income families and communities and student population eligible for free/reduced lunch and serve over 3,000 children annually.

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

With this program we expect to alleviate some financial burdens with families struggling to make ends meet. Adopt a Family identifies basic necessities and aims to assist for the betterment of the household. Summer camp offers an opportunity for children to be safe while still learning, and parents can go to work knowing their children are not home alone or in the street. Toys are received by over 3,000 children bringing much needed joy to less fortunate families.

**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?**

Failure to meet deliverables or performance measures may lead to corrective action up to and including contract termination.

**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)



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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