

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 3132

1. Project Title	Human Trafficking Interv	ention and	Prevention Program -	Broward County		
•			U	,		
2. Senate Sponsor	Tracie Davis					
3. Date of Request	03/11/2023					
4. Project/Program D	escription					
labor or services, or Exploitation of a mir was used. Choices	also known as trafficking in p to engage in commercial se nor for commercial sex is hu Children and Families Conso and children Monday throug	ex acts. The man traffick ortium will p	e coercion can be sub king, regardless of who provide Awareness, In	tle or overt, physica ether any form of fo Itervention and Prev	I or psychological. rce, fraud, or coercion	
5. State Agency to re	ceive requested funds	Departme	ent of Children and Fa	amilies		
State Agency conta	•					
6. Amount of the Non	recurring Request for Fisc	al Year 20	23-2024			
Type of Funding			Amount			
Operations				573,000		
Fixed Capital Outlay	<u>/</u>		0			
Total State Funds	Requested			573,000		
7. Total Project Cost	for Fiscal Year 2023-2024 (including i	matching funds avai	lable for this proje	ect)	
Type of Funding	·		Amount	Percentage	•	
	Requested (from question #6	\	573,000	100%		
Matching Funds	requested (nom question #0	/	373,000	10078		
Federal			0	0%		
State (excluding the	amount of this request)		0	0%		
Local			0	0%		
Other		0	0%			
Total Project Cost	s for Fiscal Year 2023-2024	1	573,000	100%		
8. Has this project pr	eviously received state fu	nding?	No			
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring Nonre	ecurring	Appropriation #			
9. Is future funding li	kely to be requested?		Yes			
a. If yes, indicate nonrecurring amount per year.			573,000			
b. Describe the so	urce of funding that can be	e used in li	eu of state funding.			
Community donation	ons and grants.					
•						
10. Has the entity rec	uesting this project receiv	ed any fed	leral assistance rela	ted to the COVID-1	9 pandemic?	
Yes						



11. Status of Construction

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

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\$410,000 Loan ((Day to Day Operations	s -PPP Loan (\$122,000)-Salaries for staff)

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?	
OPlanning ODesign OConstruction	
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?	
2. List the owners of the facility to receive, directly or indire relationship between the owners of the facility and the en	

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	63,000
Other Salary and Benefits	Program Coordinator (2) Trainers (3) Part-time Security Staff (2) Part-time Activity Specialist (2)	315,000
Expense/Equipment/Travel/Supplies/ Office supplies; projectors (2); utilities; company cellphone communication (Internet, phone, and Fax); Office rental		50,000
Consultants/Contracted Services/Study	License Counselors (3)	145,000
	Part-time Van Drivers (2)	
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	573,000

14. Program Performance

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



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Goal: #1 Each person will be Aware of the current prevalence of child trafficking and the forms it takes. Goal #2 Each person will receive information on risk factors and indicators of child trafficking; information on how professional development of school staff and prevention education for students and families can reduce the likelihood of trafficking; Goal #3 Each person will receive details on how policies, protocols, and partnerships with other community sectors can help prevent trafficking.

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

Choices will provide intervention, prevention and training classes to individuals, the community, churches and schools.

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

One on one counseling will be provided. Awareness classes will be provided as well as intervention and prevention classes.

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

Adults 18-and Up. Children 9 -17. Churches, Communities, Organizations, Schools. We are expecting to provide classes to 200 citizens.

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

Choices expectation is to decrease the percentage of children being recruited to participate in human trafficking. Choices will utilize Outcomes for Human Trafficking Survivors (OHTS) evaluation instrument,. This tool will incorporate input from practitioners, survivors, and researchers at each step in the process. This tool is designed to be completed by service providers about the clients they serve, the instrument measures client status in four key areas: safety, well-being, social connectedness, and self-sufficiency.

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?

Choices expect to meet all required deliverables and performance measures.

Requester Contact Information					
a. First Name	Dr. Ange	la	Last Name	Deal	
b. Organization	Choices Network Systems, Inc d/b/a Choices Children and Families Consortium				
c. E-mail Address	drangeladeal@aol.com				
d. Phone Number	(954)968	-6777	Ext.	0	
Recipient Contact Information					
a. Organization	Choices Network Systems, Inc d/b/a Choices Children and Families Consortium				
b. Municipality and County Broward					
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(c)(3)					
□Non Profit 501(d	c)(4)				
□Local Entity					



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□University or College				
□Other (please sp	pecify)			
d. First Name	Dr. Angela	Last Name	Deal	
e. E-mail Address	drangeladeal@aol.com			
f. Phone Number	(754)245-0068			
17. Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d. Phone Number				