



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3161

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The project will assist unlicensed or suspended license drivers obtain valid drivers licenses. The project will assist all participants in financial literacy, payment of fines and costs to all State of Florida Clerks' Offices, job placement, payment plan activation etc.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	1,500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,500,000</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)	1,500,000	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>1,500,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?  Yes

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?

Yes

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



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\$200,000 PPP loan used for payroll assistance to prevent layoffs.

## 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	Executive Director to oversee case managers, other personnel and daily operations	100,000
Other Salary and Benefits	Case Managers to develop case plans and assist and support all participants in obtaining drivers licenses, car insurance, employment and housing	150,000
Expense/Equipment/Travel/Supplies/Other	Funds to be diverted towards Clerk's Offices for payments plans for participants	100,000
Consultants/Contracted Services/Study	Technology to be improved and expanded to assist all participants in their goals	75,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Assistant counselors, case management, case plan creation and Clerk's Offices payments to enter payment plans	125,000
Expense/Equipment/Travel/Supplies/Other	See Above - Clerk's Payment Plans	950,000
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>1,500,000</b>

### 14. Program Performance

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

Case Plans and case management. Supervision of payment plans, financial literacy and job placement workshops and educational classes.

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



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Case Plans and case management. Supervision of payment plans, financial literacy and job placement workshops and educational classes.

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

Education, workshops, case plans, assistance and support to obtain a valid license.

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

Unlicensed or suspended driver's licenses.

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

Valid licenses will lead to lower car insurance costs, less ticketing by law enforcement, less incarceration, collections for Clerk's Offices with lower budgets.

**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?**

Oversight is provided by local state attorneys office to meet all deliverables set forth in service provision.

**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**



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a. Name

b. Firm Name

c. E-mail Address

d. Phone Number