



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2339

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 in underserved communities in Miami-Dade 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 2025-2026

Type of Funding	Amount
Operating	205,000
Fixed Capital Outlay	0
Total State Funds Requested	205,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	205,000	68%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	98,000	32%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	303,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	105,000	355	Yes

9. Is future-year 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

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Direct services and supplies to assist clients, equipment, office operating expenses such as security, wi-fi service, copier, IT support, memberships, licenses, subscriptions, rental of office space and purchase of supplies for our food pantry.	160,000
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)		205,000

13. 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 organization. Moreover, connect and provide residents/underserved communities in Miami-Dade 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?

Daily we assist low-income residents with Medicaid/Medicare applications, food stamps applications, workforce development and employment referral, citizenship application, housing application, low-income energy assistance program applications.



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

The direct services will vary based on cases where no assistance may be available and could include but limited to rental assistance, electrical and utilities payments, medical services, food assistance, diapers, formula, clothing and other baby items for homeless and battered women and burial expenditure 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 meet 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 benefits would be filling gaps in community services and identifying solutions to unmet needs in northwest Miami-Dade to ultimately leading our residents in overcoming hurdles to reach their next step 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 in the contract?

Penalties may be assessed upon each separate failure to comply with instructions from the Department to complete corrective action, but shall not exceed ten (10%) of the total contract payments during the period in which the correction action plan has not been implemented or in acceptable progress toward implementation has not been made. These penalties do not limit or restrict the Departments application of any other remedy available to it under law.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied



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- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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 **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.