



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2953

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Empowered to Change Safe Housing Program delivers a 7 -12 month structured comprehensive program that enhances life-changing support through trauma counseling, employment, and education services while living in a home free from all narcotics, alcohol, or abuse. We are 10 1/2 years of serving those who suffer from human trafficking, sex trade, addiction, aging out of foster care, the formerly incarcerated, and/or homelessness.

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	750,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>750,000</b>

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)	750,000	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 2025-2026</b>	<b>750,000</b>	<b>100%</b>

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	750		No

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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Director and Project Head	69,550
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	3 Computers, 2 Printers, Microsoft Licenses, Organizational Vehicle Gas/Maintenance, MRT Workbooks for Participants, Training, and Travel	16,309
Consultants/Contracted Services/Study	3 Computers, 2 Printers, Microsoft Licenses, Organizational Vehicle Gas/Maintenance, MRT Workbooks for Participants, Training, and Travel	20,000
<b>Operational Costs</b>		
Salary and Benefits	Salaries for Supervisor, Senior Case Mentor, Case Mentor , Data Integrity, Staff support and Executive Assistant	151,300
Expense/Equipment/Travel/Supplies/Other	Safe Housing rent, utilities and household supplies, organizational transport van/car insurance/maintenance and gas.	373,110
Consultants/Contracted Services/Study	Fundraising & Grant Writing, Community Awareness Materials	119,731
<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>750,000</b>

**13. Program Performance**

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

The goal is to deliver Safe Housing, employment, education, life skills, accountability, and trauma therapy so that broken individuals have the tools to heal, change their lives, and be productive in our communities.

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



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Psych/social evaluation, specific Independent Living Plan (ILP) goal for each individual, employment coaching and placement, educational support, life skills and coaching, trauma therapy and MRT (Moral Recognition Therapy-evidence based).

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

The direct services provided will include a Safe House to live in, trauma therapy, MRT, life skills, employment/job readiness, GED/College guidance, accountability, and life coaching. We also give food, clothing, and bus passes to any participant who needs them.

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

The target population is the vulnerable in our communities who age out of foster care as they are prime targets for human trafficking, survivors of the sex trade, and individuals who suffer from addictions, homelessness, and mental health issues. We serve 200+ people every year.

**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 is to provide Safe Housing ie, zero tolerance for illegal drug activity or violence. There are 119 beds in Pinellas County and 138 beds in Florida for any adult 18 years of age and up to receive a minimum of a 7-month program that teaches them to be gainfully employed. Another benefit is that they are employed between 14 and 30 days into the program. One hundred thirty-eight people received life coaching, accountability, random drug testing, and house visits. 111-220 have an opportunity to divert from jail time relating to their trauma, ie, sex trafficking, sexual abuse, addiction, or theft.

**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?**

Return of funds if deliverables are not met.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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:**



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

- Yes, Applied
- 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**



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c. E-mail Address

d. Phone Number

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