



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3381

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To develop Safe Housing and a Resource Center dedicated to supporting survivors of human trafficking, with expanded services for youth and young adult victims. The funding will be used to increase staffing capacity to address critical gaps in services, including law enforcement coordination, emergency and transitional housing, case management, workforce development, mental health support, and educational programming. A dedicated drop-in center will serve as a vital access point for survivors.

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	621,858
Fixed Capital Outlay	0
Total State Funds Requested	621,858

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)	621,858	81%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	13%
Other	50,000	6%
Total Project Costs for Fiscal Year 2025-2026	771,858	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		

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.

Private donations and possible county funding



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	1 Executive Director / Program Manager	51,500
Other Salary and Benefits	2 Case Managers / Survivor Service Workers	95,500
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Grant Management Consultant / Data Analyst	20,000
Operational Costs		
Salary and Benefits	Survivor Service Workers, Peer Support, Case Management, Mental Health Workers, Trauma-Informed Training	348,858
Expense/Equipment/Travel/Supplies/Other	Drop-in Center Supplies, Office Equipment, Training, Travel	90,000
Consultants/Contracted Services/Study	Workforce Development & Training	16,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		621,858

13. Program Performance

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

TLC will provide access to critically unmet wrap-around services, including safe housing, case management, workforce development, therapy, and resource drop-in services for survivors. TLC will also provide needed trauma/survivor-informed training to workers in the human trafficking field.

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



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Housing, food, job training, mental health support, legal aid, and case management services to meet critical unmet needs in the human trafficking field.

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

Direct assistance in the form of housing, case management, therapy, workforce development, mental health services, and law enforcement coordination.

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

Human Trafficking Victims
 Youth Services Organizations
 Estimated Individuals Served: 201-400 survivors annually

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

Number of survivors receiving medical care - Case management tracking, wellness assessments
 Number of survivors receiving therapy - Mental health reports, counseling logs
 Number of survivors in GED/job training programs - Enrollment records, completion rates
 Number of survivors gaining employment - Job placement logs, employment verification
 Number of survivors avoiding re-exploitation - Longitudinal follow-ups, case reviews
 Number of survivors achieving stable income - Financial independence tracking

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?

Standard contractual penalties as determined by the contracting agency, including potential reallocation of funds and reporting requirements.

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

c. E-mail Address



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d. Phone Number

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