



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2765

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 programming 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 nine 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 2024-2025

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	750,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	500,000	1698	No

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2765

PPP Loan. Used for its intended purpose to the letter and forgiven. This was in 2020/2021 when our organization was hit very hard. All agencies we served shut down for many months and we lost homes and staff. We are back up to serving the citizens of Florida with 90 beds in Pinellas, Marion and Pasco Counties.

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
 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?

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
Administrative Costs:		
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, Ohio Risk Assessment Tool Training and Purchase	16,309
Consultants/Contracted Services/Study	Contracted Services-Video and Media	20,000
Operational Costs: Other		
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
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		750,000

14. 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 life and be productive in our communities.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2765

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

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

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

The direct services provided will be 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 for any participant that has a need.

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. 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 i.e., zero tolerance for illegal drug activity or violence. There are currently 111 beds 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 between 14-30 days into the program, they are employed. 111 receive life coaching, accountability, and random drug testing and house visits. 111-220 have an opportunity to divert from jail time relating to their trauma, i.e.; 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 the contract?

Return of funds if deliverables are not met.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2765

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number