



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2130

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

After the unfortunate destruction of the organization's location by Hurricane Ian, it will be reopening a Winter Park office and expanding the Ocoee location. The organization will be hiring more staff to support the community by continuing to provide career development, employer connections, education, nutrition, mental health, youth, homeless, and veteran support, community workshops, certifications, tech programs, professional attire, and hygiene products. These initiatives reflect the commitment to Central FL.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	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	500,000	100%

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? No

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?

No



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

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	To cover salary for running two locations and potentially other locations when the opportunity arises.	100,000
Other Salary and Benefits	1 FT Administrative Assistant, 2 PT Office Coordinators, 1 FT Marketing Manager, 1 FT Fundraising & Development Manager and 1 FT Truck Driver. Medical, dental and vision for all future staff.	255,000
Expense/Equipment/Travel/Supplies/Other	Expenses for 2 locations rent, wifi, electric, water, insurance, social media platforms, Zoom, Constant Contacts, and storage.	50,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Traveling to all 5 of the counties served and acquiring a company vehicle to provide mobile services to the community.	75,000
Consultants/Contracted Services/Study	Hiring auditors and grant-writers.	20,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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

The organization will be reopening the Winter Park office and expanding the Ocoee location. More staff will be hired to support the community by continuing to provide career development, employer connections, education, nutrition, mental health, youth, homeless, veteran support, community workshops, certifications, tech programs, professional attire, and hygiene products. These initiatives reflect the commitment to Central FL.



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

Workforce development to include resume writing, mock interviews, professional networking groups, education and certifications, technology, english classes, professional clothing and hair care, mental health, nutrition, and exercise.

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

The services provided by Dress for Success Greater Orlando will empower Central FL residents to achieve economic independence by providing a network of support, professional attire, education and certifications, mental health and nutrition services, and the development tools to help all people thrive in work and in life.

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

Elderly people. People with poor mental health. People with poor physical health. Jobless people. Economically disadvantaged people. At-risk youth. Homeless. Developmentally disabled. Drug users (in health services). High school, university, and college students. Currently or formerly incarcerated people. Victims of crime. It is expected to help over 3,000 individuals next year.

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

A tracking and impact assessment system will be utilized where data can be captured to include demographic, gender, age, address, education, and financial status, as well as comparing metrics with the partners clients have been referred to.

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?

The funds must be returned.

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)



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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