



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3103

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Florida Venture Foundation provides much needed services to at-risk youth in the Greater Miami area. The goal of this request is to help supplement and bolster the organization's youth-at risk program, which provides seminars, vocational and educational training, tutoring, school supplies, financial literacy courses, and other services to at-risk youth to improve their chances of being placed in a job and becoming productive members of society.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	275,000
Fixed Capital Outlay	0
Total State Funds Requested	275,000

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	275,000	85%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	50,000	15%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	325,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	275,000	104	Yes

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.



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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

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 who manages all aspects of the organization including: managing finances, marketing and promoting the organization's services, and coordinating the organization's programming.	35,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Office supplies, management/organizational software, printing and promotional materials.	25,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Part-time program manager, and registration specialist/administrative assistant	20,000
Expense/Equipment/Travel/Supplies/Other	Programming supplies (backpacks, laptops, pencils, textbooks and other instructional materials), financial assistance for students participating in vocational/technical training, and training/course-related supplies.	115,000
Consultants/Contracted Services/Study	Educational seminars, job training classes, resume-writing assistance sessions, private tutors/tutoring sessions.	80,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		275,000

14. Program Performance

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



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The specific goal is to provide much-needed services and vocational/educational training for at-risk youth in the Greater Miami area and improve job placement rates, reduce recidivism, increase school attendance, and bolster learning/retention rates.

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

Job and vocational training courses, educational seminars, soft skills training, financial literacy courses, school supplies distributions, and educational scholarships for economically disadvantaged youth.

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

Job and vocational training courses, educational seminars, soft skills training, financial literacy courses, school supplies distributions, and educational scholarships for economically disadvantaged youth.

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

The target population to be served by this project are at-risk/ jobless/economically disadvantaged youth. The number of individuals expected to be served is between 101 and 200.

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

The benefit/outcome of the project is to provide educational, vocational, and financial literacy courses, as well as job training classes and related seminars. Additionally, school supplies and assistance in attaining educational scholarships will be provided. The success of the provided benefits will be measured by participation rates and enrollment in the programming, reduction in recidivism rates in the Greater Miami area, and increased job placement/education rates amongst at-risk youth in the Greater Miami area.

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?

Revocation of funding.

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



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Fiscal Year 2023-2024

LFIR # 3103

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