



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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☐ 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