



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** First Tee (CHAMP) Comprehensive Health and Mentoring Program for At Risk and Developmentally Disabled Students and Young Adults.

2. **Senate Sponsor:** Bill Galvano

3. **Date of Submission:** 11/21/2017

4. **Project/Program Description:**

CHAMP is a combination of 18 diverse programs designed to address various specific needs to provide individualized assistance and education through tutoring, college prep, mentoring, counseling, therapeutic intervention, augmentative devices, disability inclusion, health and wellness, and other services, in three locations.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
500,000		500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	129,500	20.6%
TOTAL	129,500	20.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 629,500

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		200,000	200,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

500,000

11. Program Performance:

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

Improved grades, college admittance, crime reduction, improved health and wellness, job readiness, life skills, social integration, etc.

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

Educational / Tutoring/College Prep/Health and Wellness programming for at risk and developmentally disabled students and young adults.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input checked="" type="checkbox"/> Salary and Benefits	staffing 5 positions: physical literacy, wellness, tutoring and therapy	400,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Accounting, background screenings, staff training, curriculum, monitoring	100,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

d. What are the direct services to be provided to citizens by the appropriations project?

Educational / Tutoring/College Prep/Health and Wellness programming for at risk and developmentally disabled students and young adults in financially disadvantaged communities.

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

83% of participants are free and reduced population, the balance are at-risk, low income, developmentally disabled, socially disadvantaged youth and young adults.

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

College admittance, improved grades, crime reduction, improved health and wellness, job readiness, community integration, social and life skills. Project evaluator will track all outcomes through pre-post testing, school records, surveys data collection & other methods .

g. 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?

None.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

no

13. Requestor Contact Information:

- a. **Name:** Charlie DeLucca
- b. **Organization:** The First Tee of Miami Foundation
- c. **Email:** cdiiigolf@aol.com
- d. **Phone Number:** (305)785-9029



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14. Recipient Contact Information:

a. **Organization:** The First Tee of Miami Foundation

b. **County:** Miami-Dade

c. **Organization Type:**

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. **Contact Name:** Charlie DeLucca

e. **E-mail Address:** cdiigolf@aol.com

f. **Phone Number:** (305)785-9029

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. **Name:** Susan Goldstein

b. **Firm:** Susan Goldstein Consulting, Inc.

c. **Email:** skgoldstein@hotmail.com

d. **Phone Number:** (954)830-6300