



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Project Be Strong (Social and Emotional Wellness)

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/14/2017

4. **Project/Program Description:**

The Be Strong Project is a risk avoidance program that teaches healthy relationship skills to youth. This program aims to serve youth in low socioeconomic areas that have high teen pregnancy rates, STD infection rates, truancy rates and juvenile delinquency rates. Youth learn the tools needed to establish and maintain healthy relationships through self-actualization modules. Youth also learn about character development, financial literacy skills and substance abuse intervention.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
50,000		50,000

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	10,000	16.7%
TOTAL	10,000	16.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 60,000

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



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

e. Complete the following Worksheet.

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
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

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

Yes

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

\$50,000

11. Program Performance:

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

This funding request of \$50,000 will allow under served communities with at-risk youth to receive health and risk avoidance education, financial literacy and drug and alcohol intervention. The benefit of this program is to correlate academic success and a healthy future orientation with emotional and social wellness.

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

This funding request of \$50,000 will allow under served communities with at-risk youth to receive health and risk avoidance education, financial literacy and drug and alcohol intervention. The benefit of this program is to correlate academic success and a healthy future orientation with emotional and social wellness.

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		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Experienced Facilitator needed to serve additional at-risk youth and provide workshops. (\$15hr X 40hrs x 52 weeks = \$31,200)	31,200
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Curriculum materials for students/Program Supplies & Incentives (\$25 manuals x 300 participants)/(\$108 for copies, incentives and classroom materials x 12 months)	8,800
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Evaluation: Outside evaluation costs that include data collection and pre and post test review. (\$5,000) Marketing Group: Presentation materials created to each site director and/or school principal of collected data, results, program improvements and a plan for program self-sufficiency. Program information also provided to guardians of program participants (\$5,000)	10,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		50,000

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

Risk Avoidance Education, Health Education, Financial Literacy Education, Substance Abuse Education



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

At risk youth, economically disadvantaged youth

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

60% of program participants will report an increased sense of emotional wellbeing upon completion of the program; 60% of participants will show an increase in the awareness of important decision making skills and how it can affect their future financial stability; 60% of participants will show an increase in their attitudes to pursue their career goals; 60% of program participants will show an increase in understanding the negative effects of substance usage; 75% of program participants will show an improvement in knowledge of risks associated with early sexual involvement and sexually transmitted diseases. The benefit of this program is to correlate academic success and a healthy future orientation with emotional and social wellness. A formative evaluation will be conducted. Outcomes are closely aligned with the Center for Disease Control Youth Risk Behavior Survey and the 40 Developmental Assets Model.

- 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?**

10% reduction per unmet deliverable and/or performance measure

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.**

None

13. **Requestor Contact Information:**

- a. **Name:** Michelle Shirley
- b. **Organization:** Be Strong International
- c. **Email:** michelle@beststrongintl.org
- d. **Phone Number:** (305)969-7829

14. **Recipient Contact Information:**

- a. **Organization:** Be Strong International
- 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:** Michelle Shirley
- e. **E-mail Address:** michelle@beststrongintl.org
- f. **Phone Number:** (305)969-7829



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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: