



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** New Journey Youth Center After School Program Expansion

2. **Senate Sponsor:** Randolph Bracy

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**

After School Program

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 Education

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
60,000	15,000	75,000

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	50,000	34.5%
Other	20,000	13.8%
TOTAL	70,000	48.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 145,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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

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

Yes

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

\$60,000

**11. Program Performance:**

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

The purpose is to provide salaries to our dedicated volunteers, improve our services and acquire land.

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

Tutoring, STEM Robotics, College Tours, Photography, Music, Computer Graphics, Business Classes and Performing arts all for youth ages 12-19

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	One director and one office assistant	25,000
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Upgrade office supplies	5,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Work with agency to enhance operations	5,000
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Upgrade program supplies	20,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Staff training	5,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Land Purchase to expand services in second location	15,000
TOTAL		75,000

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

Life skills , financial empowerment, education and career development

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

Youth ages 12-19 and their families

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

Youth and their families will be secure in setting and achieving goals to better their community

**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, standard penalties are acceptable.

**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.**

Owner is the same as the entity requesting funds.

**13. Requestor Contact Information:**

- a. **Name:** Danyiel Yarbrough
- b. **Organization:** New Journey Youth Center, Inc.
- c. **Email:** danyielnjyc@gmail.com
- d. **Phone Number:** (407)970-9263

**14. Recipient Contact Information:**

- a. **Organization:** New Journey Youth Center, Inc.
- b. **County:** Orange
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)



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

**d. Contact Name:** Danyiel Yarbrough

**e. E-mail Address:** danyielnjyc@gmail.com

**f. Phone Number:** (407)970-9263

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**