



# The Florida Senate

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

1. **Title of Project:** Let's Walk and Talk Mentoring

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/19/2017

4. **Project/Program Description:**

Let's Walk and Talk Mentoring program provides youth ages 10 to 15 with the opportunity to engage with caring professional adults in an active supportive and fun context. Through daily discussions on the guided topics, participants have a chance to explore their thoughts on issues that impact their lives and the lives around them.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

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
50,940		50,940

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	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 50,940

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.

\$50,940

**11. Program Performance:**

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

The purpose of Let's Walk and Talk Mentoring program is to empower youth to have a voice, not to be victims of crime, to overcome the mindset of "no snitching" and break the cycle of statistics while encouraging exercise and healthy living.

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

Daily mentoring, exercise and service learning activities.

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	12 staff members	32,400
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Mentors/trainers and volunteer training, program materials and supplies, service learning event and transportation; awards, insurance, marketing, etc.	18,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Background checks (12 each @ \$45)	540
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>50,940</b>

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

Mentoring.

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

Person's with poor mental health, economically disadvantage persons, and grade school students. 100 persons in total.

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

Improve Physical Health: 90% of the population will improve physical health through physical activity and coaching. Each participant will complete a pre survey when they join the program and at least one parent/guardian will also be asked to complete the Parent survey. Improve Mental Health: 90% of the population will improve their mental health through positive group activities such as; building positive peer relationships, learning anger management techniques and effective coping skills, healthy decision making skills and conflict resolution (words vs.violence). To measure the impact of the Let's Walk & Talk Mentoring program, Community Connections for Life Community Mental Health Center has designed a pre- and post-survey for the participant and the parent/guardian. The measuring tool will gauge the increase in participants attitudes and awareness of the "hot topics" and program objectives before and after participating in the program.

**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?**



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This project will have to comply with the Department of Children and Families and managing entity requirements and performance measures for organizations that receive substance abuse and mental health funds. Penalties for noncompliance could range from corrective actions to contract termination.

**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.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Tonya Robinson
- b. **Organization:** Community Connections for Life
- c. **Email:** tonya.ccf@outlook.com
- d. **Phone Number:** (786)200-9055

**14. Recipient Contact Information:**

- a. **Organization:** Community Connections for Life Inc.
- 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:** Tonya Robinson
- e. **E-mail Address:** tonya.ccf@outlook.com
- f. **Phone Number:** (786)200-9055

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**