



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Clay County Youth Alternative to Secured Detention (S.W.E.A.T)

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 01/19/2018

4. **Project/Program Description:**

Clay County Youth Alternative to Secured Detention (S.W.E.A.T) A youth intervention program that meets the targeted needs of Clay County Youth by providing effective diversion and intervention programs which includes redirection of youth through community service, mentoring and academic assistance to prevent juvenile delinquency. Program services will be provided to youth who are identified as at-risk of becoming involved in the juvenile justice system and are between the ages of six (6) to eighteen (18).

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Juvenile Justice

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
250,000		250,000

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	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 250,000

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) 2

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.

250,000 annually.

11. Program Performance:

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

For effective diversion and intervention programs which includes redirection of youth through community service, mentoring and academic assistance to prevent juvenile delinquency. The County will contract directly with a program director, a mentoring and tutoring service provider, and the Clay County Sheriff's office for administering community service.

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

Divert from Criminal/Juvenile justice system - Redirection of youth through community service, mentoring and tutoring resulting in behavior improvement through youth intervention.

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 checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracted services for administering the SWEAT events and mentoring/tutoring services	250,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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

Youth intervention

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

At risk-youth.

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

Redirection and improved behavior.

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?

Not meeting the deliverables.

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:

- Name:** Karen Thomas, Dir of Administration
- Organization:** Clay County Board of County Commissioners
- Email:** Karen.thomas@claycountygov.com
- Phone Number:** (904)278-3735



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14. Recipient Contact Information:

a. Organization: Clay County Board of County Commissioners

b. County: Clay

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: Karen Thomas, Dir of Administration

e. E-mail Address: Karen.thomas@claycountygov.com

f. Phone Number: (904)278-3735

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

a. Name: Joe Mobley

b. Firm: The Fiorentino Group

c. Email: jmobley@thefiorentinogroup.com

d. Phone Number: (904)358-2757