



# The Florida Senate

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

1. **Title of Project:** The Skills Center

2. **Senate Sponsor:** Darryl Rouson

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

4. **Project/Program Description:**

This program seeks to improve the educational outcomes, economic prospects and life options for young people ages 12-18 or grades 7th - 12th by transforming their paths through connection to educational support, workplace and career exposure, youth development activities, and case management support. The program will serve 100 students living in Hillsborough County.

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
399,600		399,600

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	200,000	33.4%
TOTAL	200,000	33.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 599,600

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? 2014-15



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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.)		
	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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

Yes

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

200,000

### 11. Program Performance:

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

The goal is to help students that are (1) at jeopardy of not graduating; (2) in need of prevention services; (3) challenged academically; (4) disconnected from school; (5) listed as potential dropouts; (6) not promoted on time; and/or (7) in need of additional support or motivation.

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

The evidence based program will include five elements: 1) A comprehensive systemic approach to addressing youth challenges; 2) connecting multiple systems like schools, post secondary, and juvenile justice; 3) offer a range of coordinated services in ten program elements for youth which can be grouped around four major themes: improving educational achievement, youth development, career exposure, and supportive services. 4) A Youth Council (or similar vehicle) comprising a vehicle for creating a strategic vision for youth and for mobilizing all segments of the community to be a part of the design and benchmarking process; 5) engaging the business community participation of employers and business leaders in crafting pathways for youth to connect with high-growth, high-skill areas of the economy.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		



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<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Includes salary and benefits for 7 new positions.	281,200
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	occupancy cost	35,700
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	contractor services	30,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	operating costs	52,700
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		399,600

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

There is an emerging need to support young people at this critical transition from middle to high school as they experience physical, emotional, cognitive and social development as stated in the Engaging Older Youth (2010) Harvard Family Research Project. In Hillsborough County, over 7000 1st - 12th graders are being retained each year, another 800 students drop out and more than 600 seniors receive a Certificate of Completion instead of a High School Diploma. That's 8,400 students at jeopardy of school failure each. (FLDOE)

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

The ideal student is (1) at jeopardy of not graduating; (2) in need of prevention services; (3) challenged academically; (4) disconnected from school; (5) listed as a potential dropout; (6) not promoted on time; and/or (7) in need of additional support or motivation. This will serve 100 students.

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

85% of 7th - 11th grade students will have on time grade promotion 80% of 12th graders will graduate with a high school diploma Relevant school records will be obtained.

**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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The contracting agency may require all unused funds be reverted back to the contracting agency.

- 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:** Celeste Roberts
- b. **Organization:** The Skills Center
- c. **Email:** croberts@theskillscenter.org
- d. **Phone Number:** (813)323-2878

- 14. Recipient Contact Information:**

- a. **Organization:** The Skills Center
- b. **County:** Hillsborough
- 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:** Celeste Roberts
- e. **E-mail Address:** croberts@theskillscenter.org
- f. **Phone Number:** (813)323-2878

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

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