



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Visions of Art, Inc.

2. **Senate Sponsor:** Randolph Bracy

3. **Date of Submission:** 01/22/2018

4. **Project/Program Description:**

High Risk Crime Prevention Program for Teens

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 Juvenile Justice

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
500,000		500,000

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):** 500,000

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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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	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.

500,000

11. Program Performance:

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

The funding will be used to facilitate crime reduction, identifying and mentoring at-risk High School students; increasing academic performance and communication skills; job and career exploration to determine which may require a college degree or vocational training, thereby enabling them to become self sufficient capable adults. Workforce readiness in the short term, career readiness in the long term.

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

Funds will be used to host educational and training sessions for youth, to hire staff to manage the extended summer activities and summer job internships for youth and a statewide college tour.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Exec Dir. Salary + Payroll taxes; Program Manager Salary + payroll taxes	141,528
<input checked="" type="checkbox"/> Other Salary and Benefits	1-Program Manager; 1- Vo-tech Coordinator; 1- Program. Assist.+ taxes & benefits	129,668



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Bus rentals -college tours, Mileage Reimbursement.; Bus passes (students)	15,994
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Student stipends for paid internships (100 students)	154,350
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	P/T Bookkeeper	23,500
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Software and travel	7,509
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Program evaluator, assessment tools and online services	27,451
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

7 weeks paid summer internships@\$9/hour; stipends (flat rate @ \$100/week) for 7 weeks of vocational-tech exploration; college tours to 6 FL colleges, 2-30day bus passes for 70+ students during the summer. Background checks for all students working.

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

At risk high school students living in Orange County.

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

Students will learn skills through employment; students will have better understanding of vocational-technical careers, all students in program will graduate HS on time. All students in program will have a developed plan of what they will do after HS graduation to get to the next goal of self sufficiency.

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?

Unspent funds for projects not completed will be returned. i.e. if vocational-tech summer enrichment does not occur, funds earmarked for that project will be returned. Students who fail to work the entire allotted time during the summer and do not earn the full amount budgeted - these funds will be returned. Or utilized in the following year.



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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:** Artavious Williams
- b. **Organization:** Visions of Art, Inc.
- c. **Email:** visionsofartinc@yahoo.com
- d. **Phone Number:** (407)212-9433

14. Recipient Contact Information:

- a. **Organization:** Visions of Art, Inc.
- b. **County:** Orange
- 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:** Artavious Williams
- e. **E-mail Address:** visionsofartinc@yahoo.com
- f. **Phone Number:** (407)212-9433

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

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