



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1800

1. **Title of Project:** First Tee (CHAMP) Comprehensive Health and Mentor

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 02/01/2019

4. **Project/Program Description:**

CHAMP is a combination of 18 diverse programs designed to address various specific needs to provide individualized assistance and education through tutoring, college prep, mentoring, counseling, therapeutic intervention, augmentative devices, disability inclusion, health and wellness, and other services, in three locations.

5. **State Agency to receive requested funds :** Department of Education

State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>500,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	500,000	67.6%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	239,500	32.4%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>739,500</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		200,000		No

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

a. If yes, indicate non-recurring amount per year. 500000

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		



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Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	Staffing - 15 positions Physical Literacy/Wellness/Tutor/Therapy	425,000
Expense/Equipment/Travel/Supplies/Other	Accounting, background screenings, staff training, curriculum, monitoring	75,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

**11. Program Performance:**

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

Improved grades, college admittance, crime reduction, improved health and wellness, job readiness, life skills, social integration, etc.

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

Educational / Tutoring/College Prep/Health and Wellness programming for at risk and developmentally disabled students and young adults.

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

Educational / Tutoring/College Prep/Health and Wellness programming for at risk and developmentally disabled students and young adults in financially disadvantaged communities.

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

at risk and developmentally disabled students and young adults in financially disadvantaged communities.

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

College admittance, improved grades, crime reduction, improved health and wellness, job readiness, community integration, social and life skills. Project evaluator will track all outcomes through pre-post testing, school records, surveys data collection & other methods .

**f. 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?**

Termination of funding

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the**



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**relationship between the owner(s) of the facility and the entity.**

N/A

#### 13. Requestor Contact Information:

- a. **Name:** Charlie DeLucca
- b. **Organization:** The First Tee of Miami Foundation
- c. **E-mail Address:** cdiiigolf@aol.com
- d. **Phone Number:** (305)785-9029

#### 14. Recipient Contact Information:

- a. **Organization:** The First Tee Foundation
- 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:** John Reed
- e. **E-mail Address:** Jr2golf@bellsouth.net
- f. **Phone Number:** (305)761-6467

#### 15. Lobbyist Contact Information

- a. **Name:** Susan Goldstein
- b. **Firm Name:** Susan Goldstein Consulting, Inc.
- c. **E-mail Address:** skgoldstein@hotmail.com
- d. **Phone Number:** (954)830-6300