



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2404

1. **Title of Project:** Fred G. Minnis Pilot Expansion
2. **Senate Sponsor:** Darryl Rouson
3. **Date of Submission:** 02/13/2019
4. **Project/Program Description:**
Juvenile Re-Entry Program - Job Assistance Juvenile Offender Bettermen Services (JOBS)
5. **State Agency to receive requested funds :** Department of Juvenile Justice
State Agency Contacted? Yes
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	
Total State Funds Requested	100,000

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)	100,000	100.0%
Federal		0.0%
State (excluding the amount of this request)		0.0%
Local		0.0%
Other		0.0%
Total Project Costs for Fiscal Year 2019-2020	100,000	100.0%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		100,000		No

9. **Is future-year funding likely to be requested? Yes**
 - a. **If yes, indicate non-recurring amount per year. \$50,000**

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Consultants/Contracted Services	100,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning		
Engineering		
Total State Funds Requested (must equal total from question #6)		100,000

11. Program Performance:

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

To give children with a prior juvenile record the opportunity to learn a trade and/or skill while earning income.

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

Through mentoring the children will undergo training to help assist them with job placement.

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

The activities and services will be job training, job placement and mentor-ships.

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

Juvenile Prolific Offenders Youth as defined by FS 985.255(1)(j) We are targeting youth who have prior felony convictions and youth coming home from "programs." Ages: 15-18

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

The expected outcome is to reduce recidivism in the juvenile justice system by providing jobs, job training and mentor-ship.

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?

Decrease or stop funding.

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:** Shaquana Harper
- b. Organization:** Fred G. Minnis, Sr. Bar Association
- c. E-mail Address:** ShaquanaCHarper@gmail.com
- d. Phone Number:** (407)432-5713



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14. Recipient Contact Information:

- a. **Organization:** Fred G. Minnis, Sr. Bar Association
- b. **County:** Pinellas
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify) Bar Association
- d. **Contact Name:** Shaquana Harper
- e. **E-mail Address:** ShaquanaCHarper@gmail.com
- f. **Phone Number:** (407)432-5713

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**