

LFIR # 1074

Date of Request	08/23/2019							
Project/Program	Description							
need structure of a go ndustry. The goal is fo	de Hospitality Program targets at ri od home life coupled with learning or each teen and teen mother to gi potential and career path which wi	g life skil raduate	ls, along with ho	ospitality sl d/or earn th	kills applic	able to t	he restaurant	and lod
State Agency to	receive requested funds		rtment of Ed	ucation				
State Agency conf								
	onrecurring Request for F	iscal	Year 2020-2 Amoun					
Operations	<u>g</u>							
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E: O :4 - 1 O -	Fixed Capital Outlay							
•	•			50,000				
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1,000,000

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director: oversee program, application reviews, media, community support, monitor security, contract reviews, dean of students and behaviors, background checks, HR	60,000
Other Salary and Benefits	Finance Officer: Payroll and other financial needs; Maintenance & Security: Inside and outside; Banquet Manager: Booking the events.	100,000
Expense/Equipment/ Travel/Supplies/Other	Commercial kitchen set-up, dishes, pots, glassware, tables, chairs and linens.	65,000
Consultants/Contracted Services/Study	Accountants Legal	30,000
Operational Costs: Oth	er	
Salary and Benefits	Instructors and Life Coaches, Chef, Technology, Mental Health Counselor (Part-Time)	210,000
Expense/Equipment/ Travel/Supplies/Other	Utilities, Food Costs, Training.	24,000
Consultants/Contracted Services/Study	Repairs & Maintenance	12,000
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering	Renovation of the Belleview Community Center to mimic that of a hotel banquet room and food preparation area. Renovations to include the addition of a commercial kitchen, addition of central heating and air conditioning, refinish the wood floors, (2) bathrooms to meet code requirements, addition of office space, addition of storage space, outside handicap ramps and decking, and additional parking.	450,000
Total State Funds Re	quested (must equal total from question #6)	951,000



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11. Program Performance

a.	What specific purpose	or goal wi	I be achieved by	y the funds requested?	
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	The Belleview Lakeside Hospitality Program targets at risk teens and pregnant teens from the Department of Children and Families that need structure of a good home life coupled with learning life skills, along with hospitality skills applicable to the restaurant and lodging industry. The goal is for each teen and teen mother to graduate high school and/or earn their GED to become immediately employable with a higher earning potential and career path which will allow them to be providers.				
b.	What activities and services will be provided to meet the intended purpose of these funds?				
	Life skills, Job Training, mental health support, DJJ support, Aging out of Foster Care support group. Renovate Belleview Community Center, offer community center as a training in hospitality and other vocational trades to teens dropping out of school or barely passing.				
C.	What direct services will be provided to citizens by the appropriation project?				
	A hands on hospitality educational program which provides youth and young adults, age 16-24 with a (3) three month hands on curriculum and job training program which prepares them for internship and employment opportunity in the hospitality field.				
d.	Who is the target population served by this project? How many individuals are expected to be served?				
	At-risk youth, economically disadvantaged persons, jobless persons, high school students and children in foster care or those who have aged out of the foster care system.				
e	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will				

be measured?

Improve Mental Health - Students' final mental health assessment score will be at least 25% higher than the score they received at admission-students will be given a scored mental health assessment upon admission and at the completion of the program; Improve quality of education - 95% of enrolled students will obtain their GED or be on track to graduate high school and/or obtain their driver's license before program completion-the Education Coordinator will be available before and after class to assist students with their outside educational needs; Increase or improve economic activity-BLHP will enroll at least (12) students and Belleview Lakeside will schedule at least 3 events within 6 months of BLHP implementation. Belleview Lakeside will employ at least 2 BLHP students at each event-BLHP will open a full service meeting & banquet facility. Eligible students and graduates will be employed by them to perform the skills they acquired while attending.

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?

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The Department of Education will ha	ve penalties in place for failure to deli	iver or performance measure	es to be implemented.	



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12.	The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.					
	Hands of Mercy Everywhere, Inc.					
13.	Requestor Contact Information					
	a. First Name Diane Last Name Schofield					
	b. Organization Hands of Mercy Everywhere, Inc/Belleview Lakeside Hospitali					
	c. E-mail Address diane@handsofmercyeverywhere.org					
	d. Phone Number (352)454-0830 Ext.					
14.	Recipient Contact Information					
	a. Organization Hands of Mercy Everywhere, Inc/Belleview Lakeside Hospitali					
	b. Municipality and County Marion					
	c. Organization Type					
	For-profit Entity					
	O Non-Profit 501(c) (3)					
	O Non-Profit 501(c) (4)					
	Local Entity					
	O University or College					
	Other (please specify) Non Profit 501(c) (3)					
	d. First Name Diane Last Name Schofield					
	e. E-mail Address diane@handsofmercyeverywhere.org					
	f. Phone Number (352)4540830					
15.	Lobbyist Contact Information					
	a. Name None					
	b. Firm Name None					
	c. E-mail Address					
	d. Phone Number Ext.					