



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1208

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The specific purpose of this program is to educate all students who are seeking recovery from substance use disorder or behavioral health challenges meet state requirements for awarding a secondary school diploma and support these students in working a program of recovery. Decrease recidivism and truancy provide support for families through counseling and community supports.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="500,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	500,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="500000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	500,000	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="100,000"/>	<input style="width: 80%;" type="text" value="373"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** Yes No

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	1/3 of Executive Director (1) responsible for two schools. Responsible for dealing with the public, policy, relations with industry participants, personnel decisions. 10% of Program Managers (2) responsible for day to day management of the program, student intervention issues, administrative management.	49,183
Other Salary and Benefits	Administrative assistants (2), payroll taxes, payroll processing charges.	70,440
Expense/Equipment/Travel/Supplies/Other	General and administrative expenses, office expenses, travel and lodging, collateral material for fundraising.	13,021
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	2/3 of Executive Director (1) responsible for dealing with student issues, counseling, other student-related responsibilities. 90% of Program Managers (2) dealing directly with students.	158,569
Expense/Equipment/Travel/Supplies/Other	Occupancy costs, telephone/internet, student transportation, food, supplies and activities.	103,591
Consultants/Contracted Services/Study	Counselor and Recovery Coaches dealing directly with students. Tax return and audit fees.	105,196
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		500,000



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11. Program Performance

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

To educate all eligible students who are seeking recovery from substance use disorder behavior health challenges meet state requirement for awarding a secondary school diploma and support these students in working a program of recovery. Provide support for the families of out youth through counseling and community supports. Reduce truancy and recidivism as well as increase school performance and strengthen the families of our youth. Provide a program that our community partners may refer the youth they're working with as part of the adolescent continuum of care.

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

Provide "wrap-around" services to program participants. this includes but is not limited to individual and group counseling, family counseling, academic tutoring, food, transportation, connection to community supports, vocational training, and where necessary allowing students to complete their education through the GED.

c. What direct services will be provided to citizens by the appropriation project?

Counseling, mentoring, transportation, meals, tutoring, diversion, GED, vocational and employment coaching, and college tours. Ancillary to these will be: housing services, clothing, take home meals, and smoking cessation.

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

14 to 19 year olds with a substance use disorder wishing to complete their education and remain drug and alcohol free. We will serve between 100 and 125 students per year.

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

75% increase school participation as evidenced by school records comparing participation to current data; decreased involvement with juvenile justice and law enforcement as evidenced by court and probation data; and 60% increase in number of drug free days as evidenced by self-report, family, and toxicology screenings.

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?

Provide funds on a drawdown basis. If targets are not met, consider reducing funding for the following year or canceling the program.



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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.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.