

LFIR # 1239

Project Title 1. Project Be Strong

2. Senate Sponsor Annette Taddeo

3. **Date of Request** 10/29/2019

4. **Project/Program Description**

The Be Strong project is a healthy relationship education project that explains the risks associated with early risky behaviors. This program aims to serve youth in low socioeconomic areas that have high teen pregnancy rates, STD infection rates, truancy rates, and juvenile delinguency rates. Youth learn the tools needed to establish healthy relationships through self-actualization modules. Youth also learn character skills, social emotional learning techniques, effective communication skills, financial literacy skills and resume writing skills. Parents are also encouraged through workshops, the importance of talking to their teens and pre-teens about how to avoid risky behaviors and the dangers of unmonitored social media platforms.

State Agency to receive requested funds Department of Health 5.

● Yes ○ No State Agency contacted?

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

Type of Funding	Amount	
Operations	50,000	
Fixed Capital Outlay	000	
Total State Funds Requested	50,000	

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)	50000	100.0 %	
Matching Funds			
Federal	00	0 %	
State (excluding the amount of this request)	00	0 %	
Local	00	0 %	
Other	00	0 %	
Total Project Costs for Fiscal Year 2020-2021	50,000	100 %	

Has this project previously received state funding? 8. • Yes O No If yes, provide the most recent instance:

Fiscal Year			Specific	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	Vetoed
2019-20	00	50,000	450	No

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

If yes, indicate nonrecurring amount per year.

50,000



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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		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits	Experienced Facilitator needed to serve additional at-risk youth and provide workshops. (\$15hr X 40hrs x 52 weeks = \$31,200)	31,200
Expense/Equipment/ Travel/Supplies/Other	Curriculum materials for students/Program Supplies & Incentives (\$25 manuals x 300 participants)/(\$108 for copies, incentives and classroom materials x 12 months)	8,800
Consultants/Contracted Services/Study	Evaluation: Outside evaluation costs that include data collection and pre and post test review. (\$5,000) Marketing Group: Presentation materials created to each site director and/or school principal of collected data, results, program improvements and a plan for program self-sufficiency. Program information also provided to guardians of program participants (\$5,000)	10,000
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	50,000



11. Program Performance

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

Funds will be primarily spent on youth and activities, curriculum materials and supplies. In addition, funds will be used to hire program facilitators.

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

The activities and services that will be provided will be a minimum of 5 hours of service to 360 participants annually.

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

Direct Services will include: 1) Providing instruction and review of curriculum, including financial literacy, healthy relationship education, social emotional learning and drug and alcohol intervention. 2) Providing instruction on developing surveys and tests for student participants, including documentation requirements under this contract. 3) Providing information on the evaluation process, including corrective remedies for inadequate performance, including fidelity monitoring.

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

360 disadvantaged or at-risk youth between the ages of 11 and 18, residing in the Miami-Dade county.

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

Program results are as follows: 60% of youth indicate knowledge of developing healthy relationships, 60% of youth indicate feeling empowered to make healthy decisions, 60% of youth indicate skills needed to develop healthy relationships, 60% of students who complete the financial literacy and effective communication workshop will show awareness of important decision-making skills and how it can affect future financial stability, 60% of students who complete the financial literacy workshop and career and educational success workshop will indicate intent to pursue their educational goals, 75% of youth complete the program.

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?

Failure of Provider to complete or submit a deliverable in the time and manner specified will result in a 10% reduction in payment.



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				
Reque	estor Contac	t Information		
a. Fir	st Name	Michelle	Last Nam	ne Shirley
b. Or	ganization	Be Strong International, Inc.		
c. E-r	nail Address	michelle@bestrongintl.org		
d. Ph	one Number	(305)969-7829	Ext. 102	2
Recipi	ent Contact	Information		
a. Org	ganization	Be Strong International, Inc.		
b. Mu	nicipality and	County Miami-Dade		
c. Org	anization Ty	De		
\bigcirc	For-profit E	ntitv		
0	' Non-Profit :	•		
\bigcirc	Non-Profit :	501(c) (4)		
\bigcirc	Local Entity	1		
\bigcirc	University of	or College		
ullet	Other (plea	se specify)Non Profit 501(c) (3)		
d. Firs	st Name	Michelle	Last Nan	ne Shirley
e. E-n	nail Address	michelle@bestrongintl.org		
f. Pho	one Number	(305)9697829		
Lobby	vist Contact	Information		
a. Na	me	None		
b. Firi	m Name	None		
c. E-n	nail Address			
d. Pho	one Number		Ext.	