



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1120

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

4. Project/Program Description

We are Boys2Men, Inc. We provide mentoring, academics, and behaviors support services to young boys between the ages of 13-18, to help foster productive and successful young men. Our program offers these young boys an opportunity to help nurture their future growth and development. Our community-based mentoring approach gives boys a variety of positive male role models who show up consistently, tell the truth about their struggles as men, ask the boys what kind of man they want to be, praise them for their gifts, support them when they mess up, and encourage them to become the man they want to be. Our session gives our teenage boys a community of men who listen, encourage, and empower them. We provide this opportunity to every boy in need.

Since we started the program, we have served over 170 inner city youth from various of orange county zip codes. Our program works on the RAP method.
 R- Reconcile the Past
 A- Act in the Present
 P- Prepare for the Future

5. **State Agency to receive requested funds**

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	300,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	600,000	100%

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

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**



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b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. 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 40 hour	62,400
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Program Supplies - Games, gym equipment, curriculum, therapeutic games	10,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Administration cost - Background checks, zoom, quick books Advertisement - Flyers, publications, brochures Communication - Phone lines for program Direct assistance to clients - Includes bus passes, ID's, haircuts etc. Food - feeding 20 - 25 boys per session 3 x a week Insurance - liability, commercial van, bond, event, etc. Office Expenses - Including binders, file folders, printer paper, ink, staples, etc. Printing - Flyers, registration forms, handouts, workshop information, bind	222,600
Consultants/Contracted Services/Study	Professional outside consultants - CPA - 990 and Fiscal Audit	5,000



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Fixed Capital Construction/Major Renovation:

Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		300,000

14. Program Performance

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

1: To build healthy communication skills, teamwork, and leadership abilities in our participants: Engages youth in a specific curriculum that includes educational support, anger management, goal setting, and self-regulation. Participants will increase their coping skills • Participants will report sustained reductions in feelings of anger and aggression •Participants will demonstrate positive changes in their use of aggression in reaction to provocation.
 2: Participants will improve their employability skills. Provides youth with the supports they need to increase their independence, their ability to obtain employment, and their financial stability through program services such as helping the youth.
 3: To increase their knowledge of various career and college options • increase youth accepted into a post-secondary education program, a training program, opportunities and experiences the youth wouldn't otherwise have access to in their neighborhood.

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

Activities 1: Group sessions, Therapeutic games, fitness activities, self-regulation techniques, guest speakers,
 Activities 2: Obtaining driver's license, opening bank accounts, completing job applications, resume writing, and mock job interviews.
 Activities 3: Includes field trips, expressive art, college tours, sporting games, and other services.

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

Services:
 The B2M program provides group sessions on Tuesday, Wednesday and Thursday evenings of each week from 3:30 PM– 7:30 PM, year-round. Full-day individual sessions are scheduled on weekends (Friday, Saturday, or Sunday) where the boys/young men are paired with on-the-job training opportunities such as construction, culinary, or horticulture. There are also recreational opportunities, such as bowling, golfing, skating, movies etc.
 The B2M program is well known in the communities we serve. Most of our referrals come from recommendations from parents/guardians whose children are currently participating in the program and/or whose children have graduated from the program. Further, we have relationships with several middle and high schools in our service area that allow us to share information and flyers on our programs/services.

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

The youth served by B2M are boys/young men ages 10 to 18 (we serve students from program enrollment through high school graduation). The majority of students served can be considered low-income and many of the boys/young men come from single-parent households, fatherless households, and grandparent-led households.

We target boys/young men who are in high crime areas, therefore the majority of the youth served by B2M have been from the 32811, 32808, 32810, and 32818 zip codes, however, will serve all boys/young men who meet the enrollment criteria.

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

- 98% of our seniors graduated on time.
- 75% of our seniors continued education.
- 30% of our seniors received full scholarships sports or academic to school.
- 10% of our seniors joined the military.
- 97% of our juveniles have not reoffended while in the program.
- 90% of our boys increase their GPA through our services.
- 90% of our boys increased their self-regulation which decreased suspensions and referrals.

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 the contract?



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Failure to meet deliverables would lead to forfeiture of the remaining balance and/or reimbursement.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number