



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1677

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

To provide inclusive programs for developmentally disabled and low-income, at-risk youth including mentoring, tutoring, health and wellness, core life skills, college preparation including scholarship, recruitment prep.

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	650,000
Fixed Capital Outlay	0
Total State Funds Requested	650,000

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)	650,000	77%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	197,000	23%
Total Project Costs for Fiscal Year 2024-2025	847,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	450,000	104	No

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

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

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.



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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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	21 Positions Tutors, Site Directors, Regional Supervisors, Coaches, Mentors, Academic Staff, Wellness Staff	475,000
Expense/Equipment/Travel/Supplies/Other	Background Screenings, Accounting, Staff training, curriculum, wellness and academic equipment, monitoring and transportation.	175,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		650,000

14. Program Performance

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

Inclusion and therapeutic programs, improved grades, college admittance, after school and summer programs, crime reduction, improved health and wellness, job readiness, life skills, social integration, etc.

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

Educational / Tutoring/College Prep/Health and Wellness and therapeutic programming for at-risk and developmentally disabled students and young adults in financially disadvantaged communities.

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



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Educational / Tutoring/College Prep/Health and Wellness programming for at-risk and developmentally disabled students and young adults in financially disadvantaged communities.

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

82% of participants are free and reduced population, the balance are at-risk, low-income, developmentally disabled, socially disadvantaged youth and young adults.

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

College admittance, improved grades, crime reduction, improved health and wellness, job readiness, community integration, therapeutic programs, social and life skills. Project evaluator will track all outcomes through pre-post testing, school records, surveys data collection & other methods.

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?

Suspension of funding.

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



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b. Firm Name	<input type="text" value="The Legis Group"/>
c. E-mail Address	<input type="text" value="susan@legisgroupfl.com"/>
d. Phone Number	<input type="text" value="(954)830-6300"/>