



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3030

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To expand the services of this after school program to include academic enrichment activities during the school day, ultimately leading to increases in reading and math scores, as well as increase in character. Our target neighborhood is a low-income, at-risk neighborhood in Orlando called Parramore. We develop at-risk grade school youth through our daily, year-round program in all areas of life--including academic, social, and emotional.

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	525,176
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>525,176</b>

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)	525,176	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>525,176</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	500,000	100	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.

Private individual donors, foundation grants

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Director (50% time)	50,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Program Staff: Program Director, Admin Staff, Support Staff	231,000
Expense/Equipment/Travel/Supplies/Other	Leased Space, utilities, security, educational supplies, art enrichment supplies, life & wellness enrichment supplies, transportation	244,176
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>525,176</b>

**14. Program Performance**

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

To expand the services of this after school program to include academic enrichment activities during the school day, ultimately leading to increases in reading and math scores, as well as increase in character. Our target neighborhood is a low-income, at-risk neighborhood in Orlando called Parramore. We develop at-risk grade school youth through our daily, year-round program in all areas of life--including academic, social, and emotional.

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



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The after-school program meets Monday - Friday, 3p-5p, and 9a-3p during the summer which provides consistent academic and character development every school day and throughout the summer. Parents also receive one on one development from our Program Director. Students receive a daily character lesson, art enrichment, life & wellness enrichment, and access to a licensed mental health counselor.

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

Students are in an environment of high structure and discipline, teaching them to understand the consequences of their actions, both positive and negative. They receive an hour of tutoring each day, emphasizing their reading and math fundamentals. Staff mentor each of our students twice a week at their school. Students receive breakfast and lunch (summer), and healthy snacks.

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

Economically disadvantaged youth and families, at risk youth, grade school age.  
51-100

**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 benefit: Program participants are taught how to understand and manage emotions, how to respond to conflict in healthy ways. Measured by a decrease in behavioral issues at home/school.  
 Improve quality of education benefit: Program participants receive one hour of academic tutoring per day. Measured by seeing 100% of enrolled students being at or above their reading and math grade level.  
 Improve economic activity benefit: After school programming allows parents to work full time jobs while their students are cared for. By focusing on education, program participants will be prepared for college and career, improving the economic viability of the community.

**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?**

Funds not provided

**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



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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**