



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3175

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

YAP provides wraparound advocacy/support services to 200-250 high risk youth in Pinellas, Pasco, & Hillsborough counties who are juvenile justice involved and at risk of further system involvement to avoid detention/institutional placement and live productively in their homes, schools, and communities. Services reduce recidivism, truancy, & negative behavior; increases academic/vocational engagement of high-risk youth; saves lives & money & improves community health. This funding will assist in expanding this program through these three counties.

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	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

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)	750,000	88%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	98,000	12%
Total Project Costs for Fiscal Year 2024-2025	848,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	450,000	1207	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.

There is no funding in lieu of state funding; however, the Youth Advocate Programs does research grants and opportunities to work with local governments and other entities to support these services.

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



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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		0
Other Salary and Benefits	Administrative office functions including mandatory reporting and record keeping; confidentiality measures for youth data, records, communication.	4,000
Expense/Equipment/Travel/Supplies/Other	Transportation, insurance, office supplies, building rental, and training.	65,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Program Director, Program Coordinator (provides oversight of Advocates, administrative support), and Advocates (provide client services including home visits)	576,000
Expense/Equipment/Travel/Supplies/Other	Transportation, insurance, art supplies, office supplies, building rental, ancillary fund, training, activity fund, supported work (a paid work experience for participating youth)	105,000
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)		750,000

14. Program Performance

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



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

Evidence based, age/gender appropriate services based on individual needs including mentoring, life skills, family engagement, career development, supported work, culturally sensitive activities, relationship building, academic support, community service/restitution work, court accompaniment, anger/conflict management, financial literacy, and more.

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

Diversion from criminal/juvenile justice system; Improved academic engagement, family involvement, mental, emotional, physical health awareness; Enhanced economic self-sufficiency through career/vocational development; Reduced recidivism, criminal behaviors, school suspensions, truancy. YAP connects youth/families to sustainable resources; 24/7 crisis aid; serves relocated youth.

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

Juveniles who are already juvenile justice involved; these individuals are already served by the state, and Youth Advocate Programs is working to keep them from becoming a permanent part of the adult corrections system.

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

Youth Advocate Programs is working to keep these youth from becoming a permanent part of the adult corrections system. Youth will build relationship with their assigned case worker. Case workers are available for 24/7 crisis intervention. Emotional and behavioral regulation is taught to youth, and they will experience more stability and success leading to improved self-esteem and positive engagement with the community. Mental health appointment compliance is also enforced.

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?

Should performance measures not be met, corrective action plans may be effectuated, or the contract and funding may be terminated.

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)



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- 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