



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1804

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

4. Project/Program Description

The purpose of the funds is to provide youth, 14 to 19 years old, in the Jacksonville Metropolitan Statistical Area, currently at or below the moderate to low income level, with access to substance use disorder and behavioral health challenges services in a structured academic setting. Individual and Group counseling: 40 hours/week. Academic Tutoring: 30 hours/week. GED Prep: 10 hours/week. Meal Prep: 5 hours/week. Toxicology Screening: 6.25 hours/week. Courtroom Advocacy: 2.5 hours/week.

5. State Agency to receive requested funds State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	350,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	350,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	300,000	372	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?



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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

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	80,000
Other Salary and Benefits	Counselor I: \$60,000 Counselor II: \$50,000 Caseworker: \$40,000	150,000
Expense/Equipment/Travel/Supplies/Other	Travel related to Florida Recovery Schools, miscellaneous trainings.	14,500
Consultants/Contracted Services/Study	Accountants and Legal	28,500
Operational Costs: Other		
Salary and Benefits	Teacher	40,000
Expense/Equipment/Travel/Supplies/Other	Student Expenses	37,000
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)		350,000

14. Program Performance

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



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The purpose of this funding project is to allow our organization to continue to provide services to children and young adults ranging from infants to young adults (age 19). The youth we serve are predominantly African American and live at or below the poverty level. In our program, those will receive a full array of clinical and academic services in a supportive, nurturing academic environment, for the purpose of helping these youth through high school graduation, and to prepare them for whatever they do post-graduation. We also advocate for the same children (if necessary) in the court system, and work to provide alternatives to confinement or expulsion from school. Ultimately, we have reduced recidivism and have improved graduation rates.

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

Participants in the program will receive a full clinical and academic work up, individual group counseling, academic tutoring, mentoring, and extracurricular activities such as: art, music, yoga, and organized youth sports.

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

Direct services will include, but are not limited to, bio-psychosocial assessment, individual and group counseling, mentoring, breakfast and lunch, and transportation.

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

The target population for this program is adolescent youth, 14 to 19 years old, who have been identified as having a substance use disorder as well as potential behavioral health challenges. These youth have indicated a desire to achieve drug free status and finish school. The youth in our program are at or below the moderate to poor income level, and consist of approximately 90% African American, approximately 40% female, and 4% LGBTQ. We will serve 150 to 200 youth in the school and another 500 in the community during the allocation.

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

Students will be provided various assessments upon entry to program. These assessments will measure mental health and substance use challenges in the youth. These benchmarks will then be used to determine progress at the 30, 90, and 180-day marks. Instrument used will include, but not limited to: Beck depression index, Texas Tech trauma index, the subtle substance abuse and screening index, ACE the safe and effective use of Narcan.

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 deliverables not be met, or funding not be 100% utilized and managed, the state agency shall have the right to withdraw and redistribute the funds, place additional sanctions on the funds, or withdraw the contract and redistribute the funds.

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



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- ☐ 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