



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2536

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funding is for the Parent Help Center Training facility helping elementary aged students learn the core values of respect, anger management, and work-ethic while strengthening the family. Through the development of this facility and our proven educational model, our goal is to bring peace to the home that will translate to the classroom, ultimately developing a better citizen for our community. Plans include classrooms, business area, children and parent areas.

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	1,091,360
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,091,360</b>

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)	1,091,360	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 2023-2024</b>	<b>1,091,360</b>	<b>100%</b>

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.

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

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



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No

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Funds will be spent to compensate the Executive Director for his services which will include, but not be limited to Oversee all staff members, train and evaluate staff, and fill in any other position when necessary.	70,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Camp Director, Office Manager, Kitchen Manager. Camp Counselors (7), Teacher	841,360
Expense/Equipment/Travel/Supplies/Other	Medical Supplies, office Supplies and expenses, food budget, automotive purchase, and maintenance fees	80,000
Consultants/Contracted Services/Study	Marketing	100,000
<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>1,091,360</b>

### 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?**

In the first phase of the program, parents are provided the skills they need to change unwanted behavior in their children by attending the Empowered Parent Conference. The second phase of the program requires the parent(s) and child to attend our weekend Success Camp. The third phase requires the parent to participate in a weekly support/accountability group.

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

As referenced in section b of question 14, phase one of the program parents are provided the skills they need to change unwanted behavior in their children by attending the Empowered Parent Conference. The second phase of the program requires the parent(s) and child to attend our weekend Success Camp. The third phase requires the parent to participate in a weekly support/accountability group.

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

Our target population is elementary/grade school students, at-risk youth, and parents, grandparents, foster parents, adoptive parents, and guardians.

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

The benefit of this program/project is to improve the lives of families. The methodology for measure is:  
 Measure of the benefit:  
 (1) Daily monitoring and tracking of school attendance. (2) Daily monitoring and tracking of educational performance. (3) Daily monitoring and tracking of classroom behavioral issues.  
 Method of Measure:  
 (1) Attendance reports logged daily by The Parent Help Center (TPHC) Program Instructor. (2) 100% completion of child's daily assignments, tests, projects. (3) Daily scorecard completion of required program criteria by child.

**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?**

We will return any funds to the state agency that are unused.

**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**