



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3716

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The project seeks to increase the effectiveness and efficiency of dependency, delinquency and educational services through sound research and targeted mentoring services to assist elementary-age high risk males with understanding the importance of personal and educational achievement. The goal of the project is to effectively prevent future involvement of this population with DJJ or DOC and thereby realizing a cost avoidance and return on investment.

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	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</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)	250,000	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>250,000</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.

Privately raised funds

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	This position will provide direct day-to-day operation and oversight of the project. Will assist and ensure the project goals and objectives are met by each project site.	65,000
Other Salary and Benefits	The project site will employ at a minimum 1 full-time and 1 part-time Project Assistant to assist with managing the day-to-day operation and 10 currently enrolled college students to serve as mentors for the project.	135,000
Expense/Equipment/Travel/Supplies/Other	Funding resources (approx. 12k per sight) will be utilized by each of the ten project sites for equipment, travel, and supplies critical to accomplishing project goals and objectives.	25,000
Consultants/Contracted Services/Study	Appropriation funding will be utilized in the administration and fidelity of contracted services as a cost-effective alternative to expending limited resources. Services shall include statewide programmatic training, monitoring and technical assistance.	25,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
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>250,000</b>

**14. Program Performance**

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



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Targeted mentoring service will be provided to high-risk elementary-aged boys by mentors with similar disadvantaged backgrounds and are currently enrolled in college. The Mentors will teach mentees the essential skills (social, education, & coping). The measurable outcome benefit will be assessed on aggregate grades, behavior and attendance as well as incremental improvements on standardized test.

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

The project will provide 10 currently enrolled students with the opportunity to serve as mentors and will be provided a monetary stipend. Provide drug use education and prevention workshops to project mentees to prevent future drug use.

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

Direct services will include mentoring, tutoring, and positive youth development.

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

Targeted mentoring service will be provided to 50 high-risk elementary-aged boys.

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

The measurable outcomes benefit will be assessed by the direct improvement in grades, behavior and attendance will reduce the chances of future DJJ and/or DOC involvement. This will be assessed utilizing delinquency and/or dependency involvement data.

**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?**

Reversion of funds back to state.

**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)



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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