



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2421

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

According to the Florida Department of Corrections 2022 Recidivism Report, Putnam County has the highest recidivism rate over the last 36 months. This initiative in partnership with Operation New Hope will expand A-STEP (Academic Support Through the Employment Process) to Putnam County with a desired outcome of reducing the recidivism rate.
 Report here: <https://fdc.myflorida.com/pub/recidivism/RecidivismReport2022.pdf>

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	81%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	120,000	19%
Total Project Costs for Fiscal Year 2024-2025	620,000	100%

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.**

If state funds are not awarded, the organization will solicit funds through the philanthropic community and utilize other diverse streams of revenue.

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salaries and benefits are restricted for direct program operational costs. Funding will support a college navigator, mental health therapist, case manager and instructor.	130,000
Expense/Equipment/Travel/Supplies/Other	Direct program expenses include expenses for students' educational courses and materials and other gap funding a client might need to achieve their education and employment goals. Additional expenses include housing and transportation.	370,000
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)		500,000

14. Program Performance

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



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Reduce recidivism by providing a minimum of 100 individuals who have been affected by the justice system, in Putnam and surrounding counties, with access to postsecondary education opportunities to elevate earning potential and job security by securing industry credentials and certifications. In addition, providing necessary wrap around services including job placement, mental health therapy, housing, transportation and much more.

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

Provide services which include pre-release and post-release services. On the prerelease side, we can provide certification and training opportunities for the clients. On the post release side, the A-STEP team provides 1 on 1 case management including connecting clients with other needed social services, educational planning for the client's program of choice, job placement and retention services.

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

Direct services include an in-person interview to discuss academic program selection, college navigators assist candidate with program enrollment, financial aid applications, course selection and creating a plan to remove any barrier one might have. Additional services include childcare, transportations, financial literacy, and additional wrap around services needed.

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

Those citizens affected by the justice system. We have a current MOU with the Department of Justice and a referral relationship with the local correctional institution in Putnam County. Serve a minimum of 100 people affected by the justice system.

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

Individuals will be provided with education and employment opportunities to gain meaningful employment. Outcomes will be measured by certifications achieved, recidivism rates, and jobs placed. The expected outcome is a measurable reduction in the recidivism rate for Putnam and surrounding counties. Our goal is for the 2024 FDC Recidivism Report to show those counties with a meaningful reduction in the 36-month rate.

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?

Standard contract penalties are sufficient.

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)



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- 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