



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2354

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The First 72 is an initiation implemented by me and has been a proven model since I started using in it in 2008. This a model/program that I use to assist returners in their return to society. The intent (which I've had much success) is for The First 72 hours of returning to society, is a smooth and stress-free transition.

Why we do this? From my personal experience and mentoring these individuals, I know that The First 72 hours of returning are the most vital hours of a person having the tools, resources and support to begin to live an incarcerated free life.

What do we do? We assist with individuals having at least 2 guaranteed jobs for employment, a support system from family and the community, mentoring in place, and knowledge of important things needed that can be a roadblock. Examples (court fines, driver's license issues, child support matters, etc.).

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	136,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>136,000</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)	136,000	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 2023-2024</b>	<b>136,000</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.



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

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	Executive Director	37,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Office supplies, technology, website, merchandise, memberships, program services	99,000
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>136,000</b>

### 14. Program Performance

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



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The purpose of these funds is for The Clean Start Initiative & The First 72 initiative to be able to assist more individuals with a clean start in life to positively impact their families, communities, nation and eventually the world. The most important aspect of this initiative is to have the First 72 hours upon returning to society less stressful and more organized for success.

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

The activities and services provided will be assisting them with reestablishment as a reformed citizen by assisting with a more solid family, employment, mentoring, support group, etc.

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

The First 72 Life skills teaching. Let's Talk straight & Narrow Groups. Guaranteed Employment until they can get into their desired field. Job resources. Education.

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

The target population for this project are for individuals returning to society and their families. We look to assist another 75-125 inmates, and this will in return assist and help with more families becoming structured and made whole.

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

The expected benefit of this project is to assist returning citizens to return to society, get reestablished as a model citizen by working legally, being a great leader at home, beginning to be known as a model citizen in the community by living right and giving back to society in a positive way.

The methodology used behind this model is structured and determined by the 32 individuals I have assisted over the last 15 years. I have been able to assist with 32 returning citizens out of 39 that have returned to society and are still out with no return to incarcerated, families made whole, and many are leaders in different businesses and agencies.

**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?**

I do not know of suggested penalties because the model works. I really believe that the only thing that can bring about failure is if the returning citizens really want to fail and do not want to live an incarcerated free life.

**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**