



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1219

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

**4. Project/Program Description**

Three (3) Programs provided as in-person Group Studies for inmates within three (3) years of release. All programs may be administered through the Chaplain (preferred) or the Education Department. Each course is specifically designed to reduce recidivism through the development of Life Purpose, Critical Thinking, Behavioral Replacement and Learning Skills. Post-release after care is directed to gainful employment, family reunification and community involvement. The three Programs are: "Living On Purpose - How to Develop a Strategic Plan for Life"; "The TRUTH Series - How to Build an Unshakable Foundation for your Faith;" and "The Master's Degree in Biblical Studies" provided through our sister organization, The Pastors Workshop Seminary. All Programs have been approved by the Florida Department of Corrections Division of Chaplaincy Services. A Five-Year Memorandum of Agreement has been submitted with the approval of Chaplain Johnny Frambo, FDC Chief of Administrative Services.

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes

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

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>100,000</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)	100,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	100,000	50%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>200,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  Yes
- a. **If yes, indicate nonrecurring amount per year.**

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

Grants from private and government foundations have been requested. Limited personal donations support the Programs at a modest rate.



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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.

## 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Program Materials: Course Study Books, Masters-level classes.	90,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Travel, lodging, meals for training volunteers.	10,000
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>100,000</b>

14. Program Performance

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

Reduction in recidivism through the training and development in Life Purpose Personal Strategic Planning and Coaching, Development of Critical Thinking Skills, Behavioral Realignment through the development of enhanced personal value, purpose and sense of societal and familial participation.



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

Implementation of Program courses to inmates statewide, accountability practices and post-release after care to assist in family reunification and reentry, gainful employment and community/societal participation.

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

1. Reduction in criminal behavior causing loss of life, property and security; 2. Continued gainful employment provides both a reduction in dependence on public welfare / charity and tax revenue through employee, personal, sales and property tax revenue; 3. Reduction in the cost of incarceration funded by citizens.

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

Current State prison inmates within 3 years of release and those inmates immediately released. The current inmate population is approximately 88,000.

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

Reduction of recidivism combined with positive citizenry participation. Post-release after care and accountability of Program recipients as monitored both by Inmate Ministry Resources, Inc. and the Florida Department of Corrections.

**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?**

Cessation of funding; Elimination of Program Courses. Cancellation of the 5-Year Memorandum of Agreement with the FDC.

**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)

**d. First Name**  **Last Name**



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e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number