

LFIR # 2202

1. Project Title	CrossTown 119 - After School Program				
2. Senate Sponsor	Jay Trumbull				
3. Date of Request	02/21/2023				
4. Project/Program D	escription				
risk neighborhood ir	ady existing after school pr Orlando called Parramore of lifeincluding academic	e. We develo	p at risk grade schoo	our target neighbor I youth through our	hood, a low income a daily, year round
5. State Agency to re	ceive requested funds	Departm	ent of Education		
State Agency conta	ncted? No recurring Request for Fis	cal Year 20	23-2024		
Type of Funding			Amo	ount	
Operations				500,000	
Fixed Capital Outlay	1			0	
<b>Total State Funds</b>	Requested			500,000	
Type of Funding  Total State Funds Requested (from question #6)			<b>Amount</b> 500,000	Percentage 100%	
Matching Funds	equested (ITOTT question #6	<i>3)</i>	500,000	100 /6	
Federal			0	0%	
State (excluding the	State (excluding the amount of this request)			0%	
Local			0	0%	
Other			0	0%	
<b>Total Project Costs</b>	s for Fiscal Year 2023-202	24	500,000	100%	
8. Has this project pr	eviously received state fu	ınding?	No		
Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring Non	recurring	Appropriation #		
9. Is future funding li	kely to be requested?		Yes		
J	onrecurring amount per	vear	1-3M		
•	urce of funding that can b				
	onors, Foundation grants.		iou or otato rananig	•	
	-				
10. Has the entity req	uesting this project recei	ved any fed	deral assistance rela	ated to the COVID-	19 pandemic?
No					
If yes, indicate the	amount of funds receive	d and what	the funds were use	d for.	



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Complete question	ons 11 and 12 for Fixed	Capital Outlay Projects
11. Status of Construction	on	
a. What is the current	phase of the project?	
OPlanning ODe	esign Construction	
b. Is the project "show	vel ready" (i.e permitted)?	
c. What is the estimat	ted start date of construction?	
d. What is the estimat	ted completion date of construct	tion?
12. List the owners of th relationship between	ne facility to receive, directly or i n the owners of the facility and t	ndirectly, any fixed capital outlay funding. Include th

### 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	Leased Space, utilities, desks, chairs, A/V equipment, educational tools (tablets, reading/math program subscriptions)	230,000	
Consultants/Contracted Services/Study		0	
Operational Costs: Other			
Salary and Benefits	Additional Program Support Staff (Full Time & Hourly Employees)	200,000	
Expense/Equipment/Travel/Supplies/ Other	Supplies, Field Trips, Summer Meals	70,000	
Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (must equal total from question #6) 500			

### 14. Program Performance

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

To expand this already existing after school program to serve more students in our target neighborhood, a low income at risk neighborhood in Orlando called Parramore. We develop at risk grade school youth through our daily, year round program in all areas of life--including academic, social, and emotional.

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



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The after school program meets Monday - Friday, 3p-6p (2p-6p on Wed), and 9a-3p during the summer which provides 860 hrs/student of development annually. Parents will be developed through parent seminars on a quarterly basis. Parents also receive one on one care and development from our Program Director.

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

Students are in an environment of high structure and discipline, teaching them to understand the consequences of their actions, both positive and negative. They receive an hour of tutoring each day, emphasizing their reading and math fundamentals. Staff mentor each of our students twice a week at their school. Students receive breakfast and lunch (summer), and healthy snacks.

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

Economically disadvantaged youth and families, at risk youth, grade school age. 51-100

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

Improve mental health benefit: Program participants are taught how to understand and manage emotions, how to respond to conflict in healthy ways. Measured by a decrease in behavioral issues at home/school. Improve quality of education benefit: Program participants receive one hour of academic tutoring per day. Measured by seeing 100% of enrolled students being at or above their reading and math grade level. Improve economic activity benefit: After school programming allows parents to work full time jobs while their students are cared for. By focusing on education, program participants will be prepared for college and career, improving the economic viability of the entire neighborhood. Measured by Graduation rates of program participants and employment rates post graduation.

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?

	Funds not provided					
<b>5</b> . I	Requester Contact	t Information	_			
i	a. First Name	Eric	Last Name	Stites		
ı	b. Organization	CrossTown Ministries				
(	c. E-mail Address	eric@crosstown.life				
(	d. Phone Number	(407)408-2456	Ext.			
6. I	6. Recipient Contact Information					
6	a. Organization CrossTown Ministries					
I	b. Municipality and County Orange					
(	c. Organization Type					
	□For Profit Entity					
	☑Non Profit 501(c)(3)					
	□Non Profit 501(c)(4)					
	□Local Entity					
	□University or College					



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d. First Name	Eric	Last Name	Stites	
e. E-mail Address	eric@crosstown.life			
f. Phone Number	(407)408-2456			
17. Lobbyist Contact Information				
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d. Phone Number				