



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** New Beginnings Alternative Community Education Services (ACES)

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 11/06/2017

4. **Project/Program Description:**

A structured alternative program where students ages 5 to 14 years of age receive individual education assessments career introductions and academic assistance.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Education

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
100,364		100,364

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 100,364

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Increased number of youth exhibiting positive non-disruptive behaviors, maintaining good attendance, and academic achievement, and increased social and life skills.

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

Academic Enrichment, Tutoring, and Mentoring

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Program Director	35,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Case manager/ Instructor/clerk	25,840
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Textbooks, Program Material , and Travel to and from various job training.	30,400
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		91,240

d. What are the direct services to be provided to citizens by the appropriations project?

Education and mentoring Services

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

At-risk youth ages 5 -14 years old residing in Hillsborough County

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

Increased school attendance and increased number of youth receiving job / career training. Outcomes will be measured by school attendance and academic reports, School District reports, case management reports,.

g. 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 in the contract?

Probation period to correct any issues, failure to correct issues may result in loss of funding.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Michelle Walker
- b. **Organization:** Miracles Outreach Community Development Center, Inc
- c. **Email:** Mwalker@miraclesoutreach.org
- d. **Phone Number:** (813)374-2184

14. Recipient Contact Information:

- a. **Organization:** Miracles Outreach Community Development Center, Inc
- b. **County:** Hillsborough
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- ☐ Local Entity
- ☒ University or College
- ☐ Other (Please specify)

d. Contact Name: Michelle Walker

e. E-mail Address: Mwalker@miraclesoutreach.org

f. Phone Number: (813)374-2184

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Ron Pierce

b. Firm: RSA Consulting Group, LLC

c. Email: ron@rsaconsultingllc.com

d. Phone Number: (813)777-5578