



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Youth Empowerment After School & Summer Camp

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 01/22/2018

4. **Project/Program Description:**

The goal of the Youth Empowerment Program is to provide 125 elementary and middle school students an affordable after school and summer camp option for families from Targeted Urban Areas (TUA) within the City of Miami (Overtown) and Miami Dade County withing the census tracts with 51%LMI. Quality after school and summer camp programming enables low income families to remain in the workforce and provides students with educational risks to improve their reading literacy, fitness and social skills.

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
250,000		250,000

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	16,416	6.2%
Other	0	0.0%
TOTAL	16,416	6.2 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 266,416

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

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
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

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

Yes

a. If yes, indicate non-recurring amount per year.

\$250,000

11. Program Performance:

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

Students will show meaningful improvement in oral reading fluency, reading comprehension, fitness stamina and social skills.

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

Urgent's "Youth Empowerment Program" will serve 75 children in the after school program. In addition 50 children will be re served in the summer camp. Both groups are between the ages of 5-13. The primary geographic areas served include Goulds in south Dade and within the City of Miami South East Overtown Park West Community Redevelopment Agency (CRA) boundary. A significant demographic characteristic of children served is that at least 70% will qualify for free or reduced lunch. In addition, the summer camp is gender specific and caters to girls only. The program's core activities include reading literacy promotion, homework help, physical fitness, social skills, community service, performing and visual arts.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Vice President/Project Director	23,325



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input checked="" type="checkbox"/> Other Salary and Benefits	Finance & Operations Manager	21,675
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Evaluation, Audit, Insurance	7,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	After School and Summer Counselors; Certified Teachers; Fitness and Enrichment Instructors	180,384
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Materials and Supplies, Curriculum, Participant and Staff Travel, Copier, Maintenance, Facility	34,032
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		266,416

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

After School Care and Summer Camp Services

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

125 Kindergarten- 7th grade at-risk and economically disadvantaged students residing in low income communities in the City of Miami and South Dade (Goulds)

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

1) Improvement of Oral Reading Fluency for students in grades K-3 measured by Pre/Post Testing; 2) Improvement of Reading Comprehension in grades 4-6 measured by Pre/Post Testing; 3) Improvement in social skills measured by Pre/Post Testing.

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?

Loss of % of funding.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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.

NONE

13. Requestor Contact Information:

- a. Name: Saliha Nelson
- b. Organization: Urgent, Inc
- c. Email: saliha@urgentinc.org
- d. Phone Number: (786)581-7821

14. Recipient Contact Information:

- a. Organization: Urgent, Inc
- b. County: Miami-Dade
- c. Organization Type:
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. Contact Name: Saliha Nelson
- e. E-mail Address: saliha@urgentinc.org
- f. Phone Number: (786)581-7821

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone Number: