



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1002

1. **Title of Project:** Destination Graduation Program
2. **Senate Sponsor:** Kathleen Passidomo
3. **Date of Submission:** 12/27/2018
4. **Project/Program Description:**  
Destination Graduation In-School Youth Drop-Out Prevention Program
5. **State Agency to receive requested funds :** Department of Education  
State Agency Contacted? No
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>500,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	500,000	21.3%
Federal	1,843,080	78.7%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>2,343,080</b>	<b>100.0%</b>

8. **Has this project previously received state funding? Yes**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2014-15		500,000		No

9. **Is future-year funding likely to be requested? Yes**
  - a. **If yes, indicate non-recurring amount per year. 500000**

10. **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		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	15 IN-SCHOOL YOUTH MENTORS	500,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning		
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

**11. Program Performance:**

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

To help decrease the high school drop-out rates as they negatively impact the economic and workforce development needed to build a thriving region/state capable of competing in a global economy. To fund mentor salaries for the Destination Graduation Program at 15 high schools. Destination Graduation Mentors, provide service and support to the students and their parents. They not only become advocates for the group of students at our assigned school, they become part of that school’s community and academic team.

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

In addition to mentoring, they provide homework assistance, study skills training, tutoring, workforce education skills and work experience placements. Graduation with a standard High School diploma is the main goal of the program; however each participant has the ability to achieve financial incentives based on achieving specific goals which are strategically aligned with desired program outcomes.

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

Comprehensive mentoring and academic intervention through intensive case management.

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

Target population for this program are students enrolled at one of the current participating High Schools in our 5 county region, b/t the ages of 14 and 21, low-income, and meet at least one of the six specified barriers to employment: deficient in basic skills; homeless; a runaway, or a foster child; pregnant or parenting; an offender; or requires additional assistance to complete their education or secure employment. Students referred by school counselors generally fall in the lower 50% of the academic ladder putting them at risk of not graduating high school. In addition to socio economic conditions and poor academic performance placing them at risk, many of these students are also victims or come from families who have experienced gun and other types of violence in the household. Most of these students lack the development assets, such as family or community support, necessary for becoming productive members of the workforce and society. Approximately 375 students are served yearly

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



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To help increase the high school graduation rate, for the at-risk youth population so that they become a positive impact on the economic and workforce development needed to build a thriving region/state capable of competing in a global economy. In addition to mentoring, Mentors provide homework assistance, study skills training, tutoring, workforce education and preparation skills, and work experience placements.

**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 in the contract?**

If deliverable are not met, a 1 yr suspension from requesting additional funds may be given.

**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.**

Not Applicable

**13. Requestor Contact Information:**

- a. **Name:** Joseph Paterno
- b. **Organization:** Southwest Florida Workforce Development Board, Inc
- c. **E-mail Address:** jpaterno@sfwdb.org
- d. **Phone Number:** (239)225-2500 Ext. 5231

**14. Recipient Contact Information:**

- a. **Organization:** Southwest Florida Workforce Development Board, Inc
- b. **County:** Lee
- 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:** Joseph Paterno
- e. **E-mail Address:** jpaterno@sfwdb.org
- f. **Phone Number:** (239)225-2500 Ext. 5231

**15. Lobbyist Contact Information**

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**