



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1476

1. **Title of Project:** LIFE CHANGING EXPERIENCES

2. **Senate Sponsor:** Lizbeth Benacquisto

3. **Date of Submission:** 02/11/2019

4. **Project/Program Description:**

LIFE CHANGING EXPERIENCES WILL OFFER STUDENTS STATEWIDE A NEW ENTERTAINMENT PLATFORM THAT USES MULTI-SENSORY EDUCATION TO CAPTURE THEIR ATTENTION ON ISSUES OF THE DAY; DRUGS, ALCOHOL, ROAD SAFETY, BULLYING AND ENVIRONMENTAL CONSERVATION.

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	
Total State Funds Requested	500,000

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	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	500,000	100.0%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2017-18		142,700	110	Yes

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other	NECESSARY SUPPLIES AND TRAVEL COSTS	100,000
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	OPERATING EQUIPMENT; 3D EDUCATIONAL EQUIPMENT AND CONTENT	400,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		500,000

11. Program Performance:

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

TO TRANSFORM THE LIVES OF STUDENTS FACING THE HAZARDS OF LIFE.

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

LIFE CHANGING EXPERIENCES OFFERS A NEW ENTERTAINMENT PLATFORM THAT USES MULTI-SENSORY EDUCATION TO CAPTURE STUDENTS' ATTENTION AND EVEN SAVE LIVES.

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

THE 3D PROGRAMS EDUCATE STUDENTS AND SHIFT THEIR ATTENTION ON KEY ISSUES, SUCH AS; DRUGS, ALCOHOL, ROAD SAFETY, ENVIRONMENTAL CONSERVATION AND BULLYING BY USING EFFECTIVE STORYTELLING AND MULTI-SENSORY TOOLS.

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

STUDENTS IN MIDDLE SCHOOL AND HIGH SCHOOL. 25,000-50,000 STUDENTS.

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

LCE PARTNERS WITH MANY LEADING RESEARCH EXPERTS AND DEPARTMENTS DURING THE PRODUCTION OF ITS PROJECTS, INCLUDING THE CHILDREN'S HOSPITAL OF PHILADELPHIA.

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?

None.

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: TAMIKA BAIN



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- b. Organization:** CHILDREN AND PARENT RESOURCE GROUP, INC.
- c. E-mail Address:** TAMIKA.BAIN@CPRHELP.ORG
- d. Phone Number:** (336)362-6588

14. Recipient Contact Information:

- a. Organization:** CHILDREN AND PARENT RESOURCE GROUP, 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:** KENNETH BAIN
- e. E-mail Address:** PROJECTDIRECTOR@LCECOMMUNITYED.ORG
- f. Phone Number:** (336)740-0530

15. Lobbyist Contact Information

- a. Name:** CHRIS HANSEN
- b. Firm Name:** BALLARD PARTNERS, INC.
- c. E-mail Address:** CHANSEN@BALLARDFL.COM
- d. Phone Number:** (850)577-0044