



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2432

1. Title of Project: Community Partnership Schools: Orange Park HS

2. Senate Sponsor: Travis Hutson

3. Date of Submission: 03/15/2019

4. Project/Program Description:

Project will provide funding for operations of the Community Partnership School Program at Orange Park High School.

5. State Agency to receive requested funds : Department of Education

State Agency Contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	255,000
Fixed Capital Outlay	
Total State Funds Requested	255,000

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)	255,000	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	255,000	100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate non-recurring amount per year. 255000

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

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



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	student support, extended day tutoring, mentoring, enrichment, behavioral health, medical, dental, parents resources and empowerment	255,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		255,000

11. Program Performance:

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

Improve school academic performance, student behavior, health, and achievement in under performing schools and challenged communities using evidence-based model.

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

Community Partnership School planning and implementation efforts in which services are provided to youth, their families, and the surrounding community on the schools campus. Services include integrated supports, extended day tutoring, mentoring, enrichment behavior, health, medical, dental, parents resources and empowerment, etc.

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

Community Partnership School planning and implementation efforts in which services are provided to youth, their families, and the surrounding community on the school campus. Services include integrated student support, extended day tutoring, mentoring, enrichment, behavioral health, medical, dental, parents resources and empowerment, other.

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

Student and families of Community Partnership Schools in Clay County.

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

Improvement in attendance, behavior, increased academic achievement, improved graduation rates.

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?

Loss of contract.

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



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relationship between the owner(s) of the facility and the entity.

Does not apply.

13. Requestor Contact Information:

- a. **Name:** Amy Beth Ellis
- b. **Organization:** University of Central Florida
- c. **E-mail Address:** amy.ellis@ucf.edu
- d. **Phone Number:** (407)823-2733

14. Recipient Contact Information:

- a. **Organization:** University of Central Florida
- b. **County:** Clay
- 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:** Amy Beth Ellis
- e. **E-mail Address:** amy.ellis@ucf.edu
- f. **Phone Number:** (407)823-2723

15. Lobbyist Contact Information

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