



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1997

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Expansion of the diversion program will increase capacity for participants as well as provide a community hub to increase preventive services for at-risk youth and to mitigate negative impacts to the family unit such as parenting classes, parent cafes, family counseling, tutoring, opportunities for vocational /job skills, as well as positive family events and out of school activities.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="500,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>500,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="500000"/>	<input style="width: 80%;" type="text" value="16.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="2,550,000"/>	<input style="width: 80%;" type="text" value="84"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>3,050,000</b>	<b>100</b> %

8. **Has this project previously received state funding?**     Yes     No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="200,000"/>	<input style="width: 80%;" type="text" value="1222"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?**     Yes     No
- If yes, indicate nonrecurring amount per year.



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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	Salaries and benefits for one Executive Director	44,530
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Expenses, equipment, supplies, travel	12,490
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries and benefits for direct care staff	105,129
Expense/Equipment/Travel/Supplies/Other	Expenses, travel, supplies for preventive services and other related services for the program	337,851
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>



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## 11. Program Performance

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

Expansion of the diversion program will increase capacity for participants as well as provide a community hub to increase preventive services for at-risk youth and to mitigate negative impacts to the family unit such as parenting classes, parent cafes, family counseling, tutoring, opportunities for vocational /job skills, as well as positive family events and out of school activities.

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

Provide food, clothing and diapers to families in need. Provide family support services, like parenting classes, financial counseling, vocational training and more to bring families to independence. Support a weekend backpack program for local schoolchildren so they will have food for the weekends.

- c. What direct services will be provided to citizens by the appropriation project?

Provide food, clothing and diapers to families in need. Provide family support services, like parenting classes, financial counseling, vocational training and more to bring families to independence. Support a weekend backpack program for local schoolchildren so they will have food for the weekends.

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

Persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, preschool students, grade school students, high school students, university/college students, currently or formerly incarcerated persons, and juvenile diversion participants and their families/caregivers.

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

Create specific immediate job opportunities-Individualized service planning goals as evidenced by progress of activity. Reduce recidivism-Tracking via DJJ and law enforcement reports and documented internally via database. Divert from criminal/juvenile justice system-tracking via internal documentation of individualized service plans. Family participation-tracking via internal documentation via service planning.

- 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?

Repayment of funds.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

n/a

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
  - Non-Profit 501(c) (3)
  - Non-Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.