

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1151

50,000

1.	Project Title	Project Be Strong (Social	al and Emoti	onal Wellness)		
2.	Senate Sponsor	Ana Maria Rodriguez				
3.	Date of Request	02/01/2021				
4.	Project/Program Des	scription				
	teen pregnancy rates Youth learn the tools	of \$50,000 for the Project, history of teen dating vio needed to establish health gram is to correlate acade	lence, STĎ i ny relationsh	nfection rates, truancy r ips through trauma infor	rates, & juvenile or rmed and self-ac	delinquency rates.
5.	State Agency to reco	eive requested funds	Departmer	nt of Children and Famili	ies	
	State Agency contact	ted? Yes				
6.	Amount of the Nonre	ecurring Request for Fis	cal Year 202	21-2022		
	Type of Funding			Amoun	t	
	Operations				50,000	
	Fixed Capital Outlay				0	

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	50,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	50,000	100%

8. Has this project previously received state funding?

Yes

Fiscal Year	Amo			Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2020-21	0	50,000	452	No

9.	Is future	funding	likely to	be re	auested?

Total State Funds Requested

Yes

a. If yes, indicate nonrecurring amount per year.

50,000

b. Describe the source of funding that can be used in lieu of state funding.

In lieu of state funding, Be Strong International will continue developing strategic partnerships with local funders to support this initiative.

10. Has the entity	requesting the	nis proi	iect received an	v federal	assistance	related to	o the C	COVID-19	pandemic?
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No	
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f yes, indicate the amount of funds received and what the funds were used for.							

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

Spending Category	Description	Amount
Administrative Costs:	·	
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Experienced Facilitator needed to serve additional at-risk youth and provide physical or virtual workshops. (\$15hr X 40hrs x 52 weeks = \$31,200)	31,200
Expense/Equipment/Travel/Supplies/ Other	Curriculum materials for students/Program Supplies & Incentives (\$25 manuals x 300 participants)/(\$108 for copies, incentives and classroom materials x 12 months)	8,800
Consultants/Contracted Services/Study	Evaluation: Outside evaluation costs that include data collection and pre and post test review. (\$5,000) Marketing Group: Presentation materials created to each site director and/or school principal of collected data, results, program improvements and a plan for program self-sufficiency. Program information also provided to guardians of program participants (\$5,000)	10,000
Fixed Capital Construction/Major	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	50,000

12. Program Performance

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

Our overall goal of Project Be Strong is to provide Healthy Relationship Education to vulnerable youth using traumainformed and evidence based strategies. Our aim is to build emotional resilience in youth and strengthen their support system by offering referral linkages.

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

Students will receive healthy relationship education workshops. Youth will also learn healthy relationship skills, social emotional learning techniques, effective communication skills, financial literacy skills and resume writing skills.

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

Students will receive evidenced based curriculum instruction about the aforementioned subjects. Students will have a minimum of 400 minutes of education.

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

The target population who will be served through Project Be Strong are economically disadvantaged/ at risk youth (ages 10 to 18).

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



N/A

N/A

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The benefits of this project include improving the physical and emotional well being of participants along with increasing economic self sufficiency. The following outcomes will be measured:

% of students who complete the financial literacy and effective communication workshop will show awareness of

- important decision-making skills and how it can affect future financial stability;
 % of students who complete the financial literacy workshop and career and educational success workshop will indicate intent to pursue their educational goals.
- % of youth indicate knowledge of developing healthy relationships;
- % of youth indicate feeling empowered to make healthy decisions;
- % of youth indicate skills needed to develop healthy relationships.
- 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 the contract?

. 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.
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14.	14. Requestor Contact Information							
	a. First Name	Michelle						
	b. Organization	Be Strong International						
	c. E-mail Address	michelle@bestrongintl.org	nichelle@bestrongintl.org					
	d. Phone Number	(305)804-7433	Ext.					
15.	Recipient Contact	Information						
	a. Organization	Be Strong International						
	b. Municipality and	l County Miami-Dade						
	c. Organization Typ	ре						
	□For Profit Entity							
	☑Non Profit 501(c	9)(3)						
	□Non Profit 501(c	()(4)						
	□Local Entity							
	□University or Co	llege						
	□Other (please sp	pecify)						
	d. First Name	Michelle	Last Name	Shirley				
	e. E-mail Address	Michelle@bestrongintl.org)					
	f. Phone Number	(305)804-7433						
16.	16. Lobbyist Contact Information							
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address							
	d. Phone Number							