



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1005

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

4. Project/Program Description

Youth Advocate Program (YAP) wrap around advocacy/support services will help as many as 100 Pinellas and Pasco County high risk youth who are juvenile justice involved/at risk of system involvement avoid detention/institutional placement and live productively in their homes, schools and communities. Reduces recidivism; decreases criminal / truancy / negative behaviors; increases academic/vocational engagement of high-risk youth. Saves lives/money; improves community health.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	88%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	65,680	12%
Total Project Costs for Fiscal Year 2022-2023	565,680	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	500,000	1180	No

9. **Is future funding likely to be requested?** Yes

a. **If yes, indicate nonrecurring amount per year.**

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

There is no other source of funding, however, the organization does provide matching funds.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

No



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1005

If yes, indicate the amount of funds received and what the funds were used for.

Youth Advocate Programs has received no COVID funds for programs in the State of Florida.

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	Administrative office functions including mandatory reporting and record keeping; confidentiality of data and communications.	2,677
Expense/Equipment/Travel/Supplies/Other	Transportation, insurance, office supplies, building rental and training.	45,455
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Program Director, Coordinator and Advocates providing client services including home visits, oversight of Advocates and administrative backup.	376,365
Expense/Equipment/Travel/Supplies/Other	Transportation, insurance, craft and office supplies, building rental, ancillary fund, training, activity fund and supported work.	75,503
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

12. Program Performance

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

Youth Advocate Program (YAP) wraparound advocacy/support services will help as many as 100 Pinellas and Pasco County high risk youth who are juvenile justice involved/at risk of system involvement avoid detention/institutional placement and live productively in their homes, schools and communities. Reduces recidivism; decreases criminal / truancy / negative behaviors; increases academic/vocational engagement of high-risk youth. Saves lives/money; improves community health.

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

Evidence based, age/gender appropriate services: assessment, service plans, mentoring, life skills, family engagement, career dev., supported work. Culturally sensitive activities: relationship bldg; resilience/character; employability; academic support; community service / restitution work; court accompaniment; anger/conflict mg; literacy/money mgt; health / nutrition.

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

Diversion from criminal/juvenile justice system involvement; Improved academic engagement, family involvement, mental/emotional/physical health awareness; Enhanced economic self-sufficiency through career/vocational development; Reduced recidivism, criminal behaviors, school suspensions, truancy. YAP connects youth/families to sustainable resources; 24/7 crisis aid; serves PR/V Is. Relocated youth.

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

Highly at-risk juvenile youth in the Pasco and Pinellas County regions; up to 100 additional youth will be served by this program.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1005

be measured?

These at-risk youth will be diverted from the more expensive adult correctional system, and make them a viable part of their families and communities.

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?

Measured by court, school and DJJ records and reporting at time of YAP program discharge; at six and 12 months out. This is an evidence based program that consistently measures outcomes related to improved physical health, mental health, and education; and reduced substance use; as well as additional evidence based factors.

13. 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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1005

14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number