

LFIR # 1044

| 1. I        | Project Title   | Project LIFT - Mental Health and Workforce Development   |   |   |  |  |  |
|-------------|---|--|---|---|--|--|--|
| 2. \$       | Senate Sponsor  | Gayle Harrell  |   |   |  |  |  |
| 3. I        | Date of Request   | 10/12/2021   |   |   |  |  |  |
| 4. I        | Project/Program De  | escription   |   |   |  |  |  |
| 1           | Martin and Palm Be<br>through the unique p<br>engage in hands-on  | ach Counties. Our<br>platform of vocatior<br>vocational training<br>es a high school dip   | innovative delivery<br>nal training. At no co<br>while licensed theoloma<br>through on or | d community in St. Luci<br>of mental health servic<br>ost to participants, at ris<br>capists address mental<br>nline program for high s | es provides social c<br>sk 14-21 year old to<br>health and substar | emotional learning<br>eens and young adults<br>nce abuse issues. |  |
|             |   |  |   | enovation. Construction<br>ital, nonrecurring exper   |  | lings is needed for  |  |
| 5. \$       | State Agency to re  | ceive requested fu   | unds Departm  | nent of Children and Fa   | milies   |  |  |
| 5           | State Agency conta  | acted? No  |   |   |  |  |  |
| 6. <i>A</i> | Amount of the Non   | recurring Reques   | t for Fiscal Year 20  | 022-2023  |  |  |  |
| •           | Type of Funding   |  |   | Amou  | unt  |  |  |
|             | Operations  |  |   |   | 100,000  |  |  |
|             | Fixed Capital Outlay  | /  |   | 350,000   |  |  |  |
|             | Total State Funds   |  |   | 450,000   |  |  |  |
|             |   |  |   |   |  |  |  |
|             | •   | or Fiscal Year 202   | 22-2023 (including  | matching funds avai   |  | ect)   |  |
| -           | Type of Funding   |  |   | Amount  | Percentage   | ect)   |  |
| •           | Type of Funding Total State Funds R   |  |   | -   |  | ect)   |  |
| -           | Type of Funding Total State Funds R Matching Funds  |  |   | Amount 450,000  | Percentage 35%   | ect)   |  |
|             | Type of Funding Total State Funds R Matching Funds Federal  | equested (from qu  | estion #6)  | Amount 450,000 132,000  | Percentage 35% 11%   | ect)   |  |
| -           | Type of Funding Total State Funds R Matching Funds Federal State (excluding the   | equested (from qu  | estion #6)  | Amount 450,000 132,000 225,000  | Percentage 35% 11% 18%   | ect)   |  |
| -           | Type of Funding Total State Funds R Matching Funds Federal State (excluding the   | equested (from qu  | estion #6)  | Amount<br>450,000<br>132,000<br>225,000<br>345,000  | Percentage 35% 11% 18% 28%   | ect)   |  |
|             | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other   | equested (from que<br>amount of this req   | estion #6) uest)  | Amount<br>450,000<br>132,000<br>225,000<br>345,000<br>100,000   | Percentage 35% 11% 18% 28% 8%                                      | ect)   |  |
|             | Type of Funding Total State Funds R Matching Funds Federal State (excluding the   | equested (from que<br>amount of this req   | estion #6) uest)  | Amount<br>450,000<br>132,000<br>225,000<br>345,000  | Percentage 35% 11% 18% 28%   | ect)   |  |
|             | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other   | equested (from que<br>amount of this req   | estion #6)  uest)  022-2023   | Amount<br>450,000<br>132,000<br>225,000<br>345,000<br>100,000   | Percentage 35% 11% 18% 28% 8%                                      | ect)   |  |
|             | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs   | equested (from que<br>amount of this req<br>s for Fiscal Year 2<br>eviously received   | estion #6)  uest)  022-2023   | Amount  450,000  132,000 225,000 345,000 100,000 1,252,000  No  Specific  | Percentage 35% 11% 18% 28% 8%                                      | ect)   |  |
|             | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro  | equested (from que<br>amount of this req<br>s for Fiscal Year 2<br>eviously received   | estion #6)  uest)  022-2023  state funding?   | Amount 450,000  132,000 225,000 345,000 100,000 1,252,000   | Percentage  35%  11% 18% 28% 8% 100%                               | ect)   |  |
| 8. 1        | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro  | amount of this requested (from quested (from quested (from quested amount of this requested for Fiscal Year 2 eviously received from quested amount of this requested from Fiscal Year 2 eviously received from Recurring from Recurring   | estion #6)  uest)  022-2023  state funding?  ount  Nonrecurring                           | Amount  450,000  132,000 225,000 345,000 100,000 1,252,000  No  Specific  | Percentage  35%  11% 18% 28% 8% 100%                               | ect)   |  |
| 8. 1        | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro  | amount of this requested (from quested (from quested (from quested amount of this requested amou | estion #6)  uest)  022-2023  state funding?  ount  Nonrecurring                           | Amount  450,000  132,000  225,000  345,000  100,000  1,252,000  No  Specific Appropriation #  | Percentage  35%  11% 18% 28% 8% 100%                               | ect)   |  |
| 8. 1        | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (уууу-уу) Is future funding lile a. If yes, indicate n | equested (from question amount of this requested seriously received Am Recurring kely to be requestion amount of this requ | estion #6)  uest)  022-2023  state funding?  ount  Nonrecurring  ed?  unt per year.       | Amount  450,000  132,000 225,000 345,000 100,000 1,252,000  No  Specific Appropriation #  | Percentage  35%  11% 18% 28% 8% 100%                               | ect)   |  |
| 8. 1        | Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (уууу-уу) Is future funding lile a. If yes, indicate n | equested (from question amount of this requested seriously received Am Recurring kely to be requestion amount of this requ | estion #6)  uest)  022-2023  state funding?  ount  Nonrecurring  ed?  unt per year.       | Amount 450,000  132,000 225,000 345,000 100,000 1,252,000  No  Specific Appropriation #  Yes  450,000                                   | Percentage  35%  11% 18% 28% 8% 100%                               | ect)   |  |



LFIR # 1044

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

| ` ' |  |
|-----|--|
| Yes |  |

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

CARES ACT--\$332,545 for general operating support
PAYCHECK PROTECTION ACT #1--\$260,600 for payroll (was forgiven by SBA)
PAYCHECK PROTECTION ACT #2--\$271,242 for payroll

#### 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                             | Vocational training instructor salary\$33,000  | 33,000  |
| Expense/Equipment/Travel/Supplies/Other               |  | 0       |
| Consultants/Contracted<br>Services/Study              |  | 0       |
| Operational Costs: Other                              |  |         |
| Salary and Benefits                                   |  | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other           | -Administrative Costs: \$45,000 -100 Mental Health care workbooks (anger, aggression, anxiety, depression, trauma, suicidal ideation, family functional issues, etc.): \$4,000Online Education Platform (Global Education) for 20 high school dropout students: \$18,000   | 67,000  |
| Consultants/Contracted Services/Study                 |  | 0       |
| Fixed Capital Construction/Majo                       | r Renovation:  |         |
| Construction/Renovation/Land/<br>Planning Engineering | Construction and building renovation including 2 metal buildings (students learn vocational skills while working on the construction of these buildings)\$224,000 Equipment and tools for skilled trades, small engine repair, boat building\$54,000 Safety Equipment for 75-100 participants\$15,000 Mobile Welding Unit and Supplies\$60,000 | 350,000 |
| Total State Funds Requested (m                        | ust equal total from question #6)  | 450,000 |

## 12. Program Performance

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

- --At risk teen males and females (14-21 years old) will receive mental health care and substance abuse therapy to improve their social emotional health and become drug and alcohol free upon program graduation.
- --Referrals from the criminal justice system will not reoffend.
- --High school dropouts will graduate with an accredited diploma.
- --All program graduates will move towards employment, enlistment in the military or enrollment in post-secondary education.

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

- --Purchase of supplies and equipment for vocational training.
- --Mental Health therapy
- --Vocational training
- --Substance abuse treatment and workshops.
- --Life skills workshops--conflict resolution, anger management, communication skills, decision making, etc.



LFIR # 1044

- c. What direct services will be provided to citizens by the appropriation project?
- --Access to Licensed Mental Health Clinicians, Case Managers and Substance Abuse Experts.

--Vocational job training.

--One on one tutoring while pursuing a high school diploma.

-- Mentoring in life skills

-- Job training and work readiness preparation

--Wrap around services.

- d. Who is the target population served by this project? How many individuals are expected to be served?
- --At-risk 14-21 year old males and females--juvenile offenders, high school dropouts, substance abusers, teens and young adults with mental health issues as well as troubled youth.

--An emerging young adult workforce, ages 17-25.

-- Project LIFT expects to serve 100 clients:

\*\*\*\*20 high school dropouts

\*\*\*\*25 young adults already graduated from high school

\*\*\*\*55 after school high school students

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- --Employment, Enlistment in the military or Enrollment in post secondary education within 6-12 months of graduation:

METHODOLOGIES FOR MEASUREMENT

Children's Functional Assessment Rating Scales (CFARS)

Substance Abuse Inventory

Adverse Childhood Experience (ACE) Questionnaire

Client Long-term Success--3 year tracking of graduates to assess: substance abuse relapse, recidivism, employment, enrollment, enlistment

Pre/Post Employability assessment

Pre/Post Work Readiness assessment

Monthly Drug screening

\*\*\*All statistical information is collected and processed through Project LIFT's Apricot Data tracking system.

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?

A 10% cut every month if deliverables are not met. Within 3 months a remedial plan will be created and executed.

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.

Project LIFT owns the property and the building.



LFIR # 1044

| 14                                     | 14. Requestor Contact Information  |                              |                     |           |             |  |  |
|--|------------------------------------|------------------------------|---------------------|-----------|-------------|--|--|
|  | a. First Name                      | Robert                       |                     | Last Name | Zaccheo, Jr |  |  |
|  | b. Organization                    | Project LIFT                 |                     |           |             |  |  |
|  | c. E-mail Address                  | bob@pro                      | bob@projectlift.org |           |             |  |  |
|  | d. Phone Number (772)221-2244 Ext. |                              |                     |           |             |  |  |
| 15                                     | 15. Recipient Contact Information  |                              |                     |           |             |  |  |
|  | a. Organization Project LIFT       |                              |                     |           |             |  |  |
| b. Municipality and County Saint Lucie |                                    |                              |                     |           |             |  |  |
|  | 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                      | Robert                       |                     | Last Name | Zaccheo, Jr |  |  |
|  | e. E-mail Address                  | bob@projectlift.org          |                     |           |             |  |  |
|  | f. Phone Number                    | (772)221-2244                |                     |           |             |  |  |
| 16                                     | 16. Lobbyist Contact Information   |                              |                     |           |             |  |  |
|  | a. Name                            | Barney T Bishop III          |                     |           |             |  |  |
|  | b. Firm Name                       | Barney Bishop Consulting LLC |                     |           |             |  |  |
|  | c. E-mail Address                  | barney@barneybishop.com      |                     |           |             |  |  |
|  | d. Phone Number                    | (850)510-9922                |                     |           |             |  |  |