

LFIR # 1261

1. Project Title	The First Tee CHAMP (Compre at-risk and Dev Disabled	hensive Health and Mento	oring Program) for	
2. Senate Sponsor	Keith Perry			
3. Date of Request	11/04/2021			
4. Project/Program De	escription			
	e programs for developmentally dis, core life skills, college preparation			mentoring, tutoring
5. State Agency to red	ceive requested funds Depa	artment of Education		
State Agency conta	icted? No			
. Amount of the Nonr	recurring Request for Fiscal Yea	r 2022-2023		
Type of Funding		Amo	unt	
Operations			450,000	
Fixed Capital Outlay			0	
Total State Funds F	Requested		450,000	
. Total Project Cost f	or Fiscal Year 2022-2023 (includ	ing matching funds avai	lable for this projec	ct)
Type of Funding		Amount	Percentage	
	equested (from question #6)	450,000	100%	
Matching Funds				
Federal		0	0%	
State (excluding the amount of this request)		0	0%	
Local Other		0	0% 0%	
	(F' I V 0000 0000			
Total Project Costs	for Fiscal Year 2022-2023	450,000	100%	
3. Has this project pre	eviously received state funding?	Yes		
Fiscal Year (yyyy-yy)	Amount Recurring Nonrecurrin	Specific Appropriation #	Vetoed	
2021-22	0 350,	000 110	No	
). Is future funding lik	cely to be requested?	Yes		
a. If yes, indicate n	onrecurring amount per year.	450,000		
b. Describe the sou	urce of funding that can be used	in lieu of state funding.		
Only fundraising wh	nich has dried up significantly.			
IO. Has the entity req	uesting this project received any	r federal assistance rela	ted to the COVID-19	9 pandemic?
No				
	amount of foundations bearing	de at the formal access	-1 £	
ir yes, indicate the	amount of funds received and w	nat the funds were used	a tor.	



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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	19 Positions Tutors, Site Directors, Regional Supervisors, Coaches, Mentors, Academic Staff, Wellness Staff	375,000		
Expense/Equipment/Travel/Supplies/ Other	Background Screenings, Accounting, Staff training, curriculum, wellness and academic equipment, monitoring and transportation.	75,000		
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) 450,000				

12. Program Performance

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

Improved grades, college admittance, after school and summer programs, crime reduction, improved health and wellness, job readiness, life skills, social integration, etc.

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

Educational / Tutoring/College Prep/Health and Wellness and therapeutic programming for at risk and developmentally disabled students and young adults in financially disadvantaged communities.

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

Educational / Tutoring/College Prep/Health and Wellness programming for at risk and developmentally disabled students and young adults in financially disadvantaged communities.

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

82% of participants are free and reduced population, the balance are at-risk, low income, developmentally disabled, socially disadvantaged youth and young adults.

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

College admittance, improved grades, crime reduction, improved health and wellness, job readiness, community integration, therapeutic programs, social and life skills. Project evaluator will track all outcomes through pre-post testing, school records, surveys data collection & other methods.

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?

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relationship between the owners of the facility and the entity.		
N/Δ		

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the

N/A		
NI/Δ		
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14	14. Requestor Contact Information					
	a. First Name	Charlie		Last Name	DeLucca, CE)
	b. Organization	First Tee Miami-Dade Foundation, Inc.				
	c. E-mail Address	jr2golf@b	jr2golf@bellsouth.net			
	d. Phone Number	(305)785-9029 Ext.				
15	15. Recipient Contact Information					
	a. Organization	First Tee	Miami			
	b. Municipality and	d County	Miami-Dade			
	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	John		Last Name	Reed, CFO	
	e. E-mail Address	jr2golf@bellsouth.net				
	f. Phone Number					
16	16. Lobbyist Contact Information					
	a. Name	None				
	b. Firm Name	None				
	c. E-mail Address					
	d. Phone Number					