

LFIR # 1471

t <b>Title</b> The Willie Mae Stokes Community Center
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2. Senate Sponsor Keith Perry

**3. Date of Request** 12/03/2021

## 4. Project/Program Description

The Willie Mae Stokes Community Center is a Tax Exempt IRS recognized 501C(3) organization and community hub serving youths and families of Alachua County. We are requesting operational support for the center's after-school which offers year round afterschool programming for youth 6-17 years of age and their families. With funding, the Center would hire staff and expand to year round services to an additional 100 youth in rural underserved communities of Alachua County and provide wrap-around services to their families and 300 other members of the communities, currently, The Willie Mae Stokes Community Center is staffed entirely by volunteers who are 100% committed to delivering enjoyable meaningful programs and services to all residents. In addition to these services, The Center will provide services to 50 seniors in our community.

5. State Agency to receive requested funds

Agency for Health Care Administration

State Agency contacted? No

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

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	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 2022-2023	250,000	100%	

## 8. Has this project previously received state funding?

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

## 9. Is future funding likely to be requested?

No
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No

a. If yes, indicate nonrecurring amount per year.

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

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.

The Community Center was approved for funds but was not able to obtain the funds due to the spending deadline.

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

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits	Executive Director will be responsible for building the Infrastructure overseeing day to day operations and securing evidenced based grade appropriate curriculum and scheduling activities hiring and supervising staff managing the budget working with internal/external community partners and identifying mechanisms for financial sustainability and program evaluation	65,000	
Other Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/ Other	Audit and additional accounting services cost, electronic computer and scanner service to check -in daily, curriculum, 2-way communication radio cell phones class supplies	20,000	
Consultants/Contracted Services/Study	Salary to hire additional staff including an activity director teacher tutors/counselors and other center personnel. Funds will also be used for extended day school day and year activities. Educators will be compensated for their extended services. All staff receive a Level 1 Background check.	150,000	
Operational Costs: Other			
Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/ Other		0	
Consultants/Contracted Services/Study	College Tours for High School participants. after-school programs events. Lap tops and other and other programs services	15,000	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (m	ust equal total from question #6)	250,000	

#### 12. Program Performance

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

The funds will help for the costs associated with the hiring of staff to operate the center, extended day services for students in rural underserved communities and wraparound services.

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

The purpose is to provide a structured after-school program to youth and extended day, tutoring in reading, math, science and mentoring as well as counseling and wraparound services including food and other social services.

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

Provide a structured after school program for families.

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

Students and families of Alachua County Florida

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



### be measured?

Improved attendance and behavior as well as increased academic achievements, graduation rates and self-esteem

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 penalty for non-performance can result in reimbursement of funds

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



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## 14. Requestor Contact Information

	a. First Name	Christoph	ner	Last Name	Stokes	
	b. Organization	The Willie Mae Stokes Community Center				
	c. E-mail Address					
	d. Phone Number					
15.	. Recipient Contact Information					
	a. Organization	The Willie Mae Stokes Community Center and County Alachua				
	b. Municipality and					
	c. Organization Ty	. Organization Type				
	□For Profit Entity	or Profit Entity				
	⊠Non Profit 501(c	01(c)(3)				
	□Non Profit 501(c	c)(4)				
	□Local Entity					
	□University or Co	llege				
	□Other (please sp	pecify)				
	d. First Name	Christoph	ner	Last Name	Stokes	
	e. E-mail Address	BishopStokes2@gmail.com				
	f. Phone Number					
16.						
	a. Name					
	b. Firm Name					
	c. E-mail Address	S				
	d. Phone Number	one Number				