



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2594

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

**4. Project/Program Description**

Scholarship fund for high school seniors who are children of an incarcerated parent for the purpose of attending a Florida university, college or vocational school or program. The program is to be administered by the Dream Foundation, a statewide 501(C) 3 non profit that focuses on the promotion of Dr. Kings legacy while serving families to make sure youth have an opportunity to achieve and overcome any disadvantages they've suffered due to the breaking up of their family and trauma experienced by having a parent incarcerated and not present.

5. State Agency to receive requested funds

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
<b>Total State Funds Requested</b>	<b>250,000</b>

**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	83%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	50,000	17%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>300,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.

Percentage of the profits from the sales of "Live The Dream" license plates.

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

No



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If 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Program will be overseen by The Dream Foundations Management firm. The head of the foundation will serve as Executive Director, but will not earn a salary.	0
Other Salary and Benefits	Will have additional part-time staff.	5,000
Expense/Equipment/Travel/Supplies/Other	Will need to travel, build partnerships, attend events to discuss program and recruit participants as well as partners. This will require a travel budget for a state wide program in such a large state.	13,000
Consultants/Contracted Services/Study	Program will be overseen by The Dream Foundation management firm and its CPA.	15,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	For print material, postage, website and all communications.	5,000
Consultants/Contracted Services/Study	Direct Scholarship awards ranging from \$2000-\$5000, to be determined using an application process and an evaluation performed by the Dream Foundation Grant Committee to include representatives from Pace Center, Children of Inmates Inc. and Living Stones International.	212,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

#### 12. Program Performance

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

Provide scholarships to students statewide attending a college, university or vocational school (or program) in Florida to have the scholarship program be more than a check, but also give them other support to make sure that they can succeed.

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

Have scholarship review committee create and provide a scholarship application form, let school systems and organizations serving this population know about the scholarship to encourage seniors to apply.

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

Scholarships that go directly to state higher educational institutions, partner each student with mentors and counselors to help them succeed at completing the education they desire to be productive citizens.

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

Young men and women in traditional school environments as well as those in alternative school environments who may have an incarcerated parent . We would like to serve between 200-240 high school seniors statewide by providing scholarships and wrap around services to help them be successful and will also include some matching dollars from the sales of the "Live The Dream" license plates.

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



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We expect to get high school seniors entering the program into a college or vocational tract and provide the wrap around services that will help them finish with a degree or certificate and assist them with jobs if needed. Once they are in the program, they will be mentored and monitored all the way to assure their success. The outcome will be measured by graduation and completion rates of the students being served in the program

**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 halting of distributions to the Dream Foundations program if deliverables are not provided.

**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  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