



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2749

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
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	23%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	750,000	33%
Other	1,000,000	44%
Total Project Costs for Fiscal Year 2022-2023	2,250,000	100%

8. Has this project previously received state funding?

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

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?

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



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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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction/Renovation/Land/Planning/Engineering	500,000
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?

Central Florida Urban League - Pine Hills Building Repairs will house our At-risk Youth Mentoring program, which works with youth from ages 10 to 18 to ensure they develop and transition properly throughout each stage of their life.

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

The program will also administer the nationally normed pre-and post-assessments to document student academic progress in reading and writing. Training Certification Exam; student and teacher surveys.

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

(1) academic remediation to address low levels of at-risk youth academic performance in reading and writing. This program provides at-risk youth with industry-recognized certification they can use to jumpstart their careers. This certification will help individuals hone their professional skills to properly prepare for a higher-paying position in the workforce. Additionally, through this program, a career coach.

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

At-risk youth; Economically disadvantaged persons; Jobless persons

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

Training Certification Exam; student and teacher surveys.

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?

Noncompliance involving the provision of services shall result in the imposition of a ten percent (10%) penalty. Noncompliance as a result of unacceptable performance of administrative tasks shall result in the imposition of a five percent (5%) penalty.



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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.

Central Florida Urban League, Inc.



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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