



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1005

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This funding request of \$100,000 for the Be Strong project aims to serve youth in low socioeconomic areas that have high teen pregnancy rates, STD infection rates, truancy rates, & juvenile delinquency rates. Youth learn the tools needed to establish healthy relationships through trauma-informed and self-actualization modules. The benefit of the program is to correlate academic success and a healthy future orientation.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	0
Total State Funds Requested	100,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	100,000	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 2023-2024	100,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	100,000	451	No

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.

In lieu of state funding, Be Strong International will continue developing strategic partnerships with local funders to support this initiative.

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



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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

No construction

d. What is the estimated completion date of construction?

No construction

12. List 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

13. 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	Indirect Costs based on 50% Direct Salaries X \$49,000	24,500
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Experienced Facilitator needed to serve additional at-risk youth and provide workshops = \$40,000 Facilitator Lead 20% Time X \$45,000 = \$9,000 Benefits (FICA 7.65%, Worker's Comp .44%, Retirement 2%, Health Insurance 10%, Unemployment 2%) = \$10,800	59,800
Expense/Equipment/Travel/Supplies/Other	Curriculum materials for students/Program Supplies & Incentives (\$11 per manuals x 300 participants) PLUS (\$200 for copies, incentives and classroom materials x 12 months)	5,700
Consultants/Contracted Services/Study	Evaluation: Data analysis costs that include data collection and pre and post test analysis. (\$5,000) Marketing Group: Presentation materials created to each site director and/or school principal of collected data, results, program improvements and a plan for program self-sufficiency. Program information also provided to guardians of program participants (\$5,000)	10,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		100,000

14. Program Performance



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

Our overall goal of Project HOPE is to provide Healthy Relationship Education to vulnerable youth using trauma-informed and evidence based strategies. Our aim is to build emotional resilience in youth and strengthen their internal and external protective factors.

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

Students will receive healthy relationship education workshops. Youth will also learn heart skills, character skills, social emotional wellbeing techniques, effective communication skills and financial literacy skills.

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

Students will receive evidenced based curriculum instruction about the aforementioned subjects. Students will have a minimum of 480 minutes of education.

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

The target population who will be served through Project HOPE are economically disadvantaged/ at risk youth (ages 10 to 18).

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

The benefits of this project include improving the physical and emotional well being of participants along with increasing economic self sufficiency.

The following outcomes will be measured through entry and/or exit surveys:
 - % of youth indicate being empowered to pursue goals that leads to financial stability.
 - % of youth indicate knowledge of developing healthy relationships;
 - % of youth indicate feeling empowered to make healthy decisions;
 - % of youth indicate skills needed to develop healthy relationships.

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?

Reduction in funding

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)



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- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number