



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1314

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

We will provide 10 months of family support, free of charge to at-risk children and low income families who have chosen non-traditional or home school environments in North West Duval County. During these difficult times parents or children will not have to settle or be measured by a lowered standard of educational quality or conditions. In addition, there will be various times of counseling, training, mentoring, health and wellness, financial and social enrichment opportunities and materials.

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	195,500
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>195,500</b>

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)	195,500	98%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	3,000	2%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>198,500</b>	<b>100%</b>

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?



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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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of 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.

### 13. 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	Dr. Carolyn Love, Director and Project Head	52,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Field trips, transportation-rental, fuel, and insurance for community outreach efforts Venue rental for events and activities	62,000
Consultants/Contracted Services/Study	Office Supplies, laptops, computers, educational materials, background screenings, media printing & designs Administrative, music, arts, speakers, and teaching staff	81,500
<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>195,500</b>

### 14. Program Performance

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

A multi-dimension of family literacy and community engagement programs for confidence building opportunities of safety and trust.

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



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The activities and services that will be provided to meet the intended purpose of these funds will be developing a community of mentoring, and cultural diversity to motivate reading & speaking experiences. And various monthly and quarterly exposure to materials, events, and activities to expand the cognitive, social, emotional, and critical thinking abilities.

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

Adults, teens, and children will be participants in the various materials, activities, and experiences that are essential to the input of greater information and the output of expressive expanded learning. All events will be free of charge and include food, counseling, financial trainings, clothing, and mental support as needed.

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

Elderly persons, Persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons, At-risk youth, Homeless, Developmentally disabled, Physically disabled, Preschool students, Grade school students, High school students, University/College students, Currently or formerly incarcerated persons, Drug offenders (in criminal Justice), Victims of crime

The expected individuals to be served is 401-800.

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

Improve physical and mental health, Enrich Cultural Experiences, Improve Agricultural Production and quality of Education, Create Job Opportunities, Enhance specific individual's economic self sufficiency and reduce substance abuse.

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**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?**

Performance and deliverable will be ongoing and under the direct supervision of the Director and Project Leaders. This process will include monitoring and adjusting as needed of specific, measurable terms and time lines. Also, opportunities to possibly expand into greater reach in Duval County.

**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**