

LFIR # 1371

	Project Title Senate Sponsor	Pasco, Pinellas I Darryl Rouson	ozorodgii O	July 1 Out	, 10100010 1 10	9. 3.111		
2	Date of Request	01/17/2023						
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4.	Project/Program D	•						
	Hillsborough County detention/institution	al placement and liv negative behaviors; i	o are juvenile j e productively	ustice involvin their hom	ed and at risk es, schools an	of further system in Id communities. Re	volvement to avoid	
5.	State Agency to re	ceive requested fu	nds Dep	artment of J	uvenile Justice	9		
	State Agency conta	acted? Yes						
6.	Amount of the Non	recurring Request	for Fiscal Yea	ar 2023-202	4			
	Type of Funding				Amount			
	Operations					750,000		
	Fixed Capital Outlay					0		
	Total State Funds	Requested			750,000			
7.	Total Project Cost	for Fiscal Year 202	3-2024 (includ	ding matchi	ng funds avai	lable for this proje	ect)	
	Type of Funding			Am	ount	Percentage		
	Total State Funds Requested (from question #6)				750,000	88%		
		requested (ITOTH que	•			3370		
	Matching Funds	tequested (Horri que	·					
	Matching Funds Federal				0	0%		
	Matching Funds Federal State (excluding the		uest)		0	0% 0%		
	Matching Funds Federal State (excluding the Local		uest)		0 0	0% 0% 0%		
	Matching Funds Federal State (excluding the Local Other	amount of this requ			0 0 0 98,000	0% 0% 0% 12%		
	Matching Funds Federal State (excluding the Local	amount of this requ			0 0	0% 0% 0%		
8.	Matching Funds Federal State (excluding the Local Other	amount of this requ	023-2024	? Yes	0 0 0 98,000	0% 0% 0% 12%		
8.	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr	amount of this requ	023-2024 state funding		0 0 0 98,000 848,000	0% 0% 0% 12%		
8.	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr	e amount of this request for Fiscal Year 20 eviously received services Amo	023-2024 state funding ount Nonrecurri	ng App	0 0 0 98,000 848,000	0% 0% 0% 12% 100%		
8.	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr	s for Fiscal Year 20 eviously received s	023-2024 state funding ount Nonrecurri		0 0 0 98,000 848,000	0% 0% 0% 12% 100%		
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	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr Fiscal Year (yyyy-yy) 2022-23 Is future funding li a. If yes, indicate ri b. Describe the so	e amount of this requested some curring amount of this requested some curring amount of this requested some curring amount of funding that	state funding bunt Nonrecurri 500 ed? nt per year. at can be used	Appl 0,000 Yes 750,0	0 0 0 98,000 848,000 Specific opriation #	0% 0% 0% 12% 100%		
9.	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr Fiscal Year (yyyy-yy) 2022-23 Is future funding li a. If yes, indicate ri b. Describe the so	e amount of this requested services for Fiscal Year 20 eviously received services and the services of funding the services of the state	state funding Nonrecurri 500 ed? nt per year. at can be used funding being	Apple Apple D,000 Yes 750,00 d in lieu of strequested.	0 0 0 98,000 848,000 Specific opriation # 1185	0% 0% 12% 100% Vetoed No		
9.	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr Fiscal Year (yyyy-yy) 2022-23 Is future funding li a. If yes, indicate ri b. Describe the so	e amount of this requested services for Fiscal Year 20 eviously received services and the services of funding the services of the state	state funding Nonrecurri 500 ed? nt per year. at can be used funding being	Apple Apple D,000 Yes 750,00 d in lieu of strequested.	0 0 0 98,000 848,000 Specific opriation # 1185	0% 0% 12% 100% Vetoed No	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?						
OPlanning ODesign OConstruction						
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 construc	ction?					
12. List the owners of the facility to receive, directly or relationship between the owners of the facility and	indirectly, any fixed capital outlay funding. Include the the entity.					

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	Administrative office functions including mandatory reporting and record keeping; confidentiality measures for youth data, records, communication.	4,000			
Expense/Equipment/Travel/Supplies/Other	Transportation, insurance, office supplies, building rental and training.	65,000			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits	Program Director, Coordinator (oversight of advocates, administrative support), Advocates (provide client services including home visits)	576,000			
Expense/Equipment/Travel/Supplies/ Other	Transportation, insurance, art supplies, office supplies, building rental, ancillary fund, training, activity fund, supported work.	105,000			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6)					

14. Program Performance

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



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Youth Advocate Program (YAP) wraparound advocacy/support services help as many as 200-250 Pinellas, Pasco & Hillsborough County high risk youth who are juvenile justice involved and at risk of further system involvement to avoid detention/institutional placement and live productively in their homes, schools and communities. Reduces recidivism / criminal / truancy / negative behaviors; increases academic/vocational engagement of high-risk youth. Saves lives/money; improves community health.

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

Evidence based, age/gender appropriate services: assessment, service plans, mentoring, life skills, family engagement, career dev., supported work. Culturally sensitive activities: relationship bldg; resilience/character; employability; academic support; community service / restitution work; court accompaniment; anger/conflict mg; literacy/money mgt; health / nutrition.

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

Diversion from criminal/juvenile justice system; Improved academic engagement, family involvement, mental, emotional, physical health awareness; Enhanced economic self-sufficiency through career/vocational development; Reduced recidivism, criminal behaviors, school suspensions, truancy. YAP connects youth/families to sustainable resources; 24/7 crisis aid; serves relocated youth.

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

Juvenile youth who are already justice system involved.

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

Youth will build relationship with their assigned case worker. Case worker available for 24/7 crisis intervention. Emotional and behavioral regulation taught to youth. Youth will experience more stability and success leading to improved self-esteem and positive engagement with the community. Mental health appointment compliance enforced.

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?

Funds would not be received and youth would not be served. Youth Advocate Programs must abide by all terms and conditions of the Department of Juvenile Justice contract.

15. Requester Contact Information					
a. First Name	Gary		Last Name	Ivory	
b. Organization	Youth Advocate Programs				
c. E-mail Address	ivory@ya	ivory@yapinc.org			
d. Phone Number	d. Phone Number (214)417-7615		Ext.		
16. Recipient Contact Information					
a. Organization	a. Organization Youth Advocate Programs				
b. Municipality and County Pasco					
c. Organization Type					
□For Profit Entity					
☑Non Profit 501(c)(3)					
□Non Profit 501(c)(4)					



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□Local Entity					
□University or Co	□University or College				
□Other (please sp	□Other (please specify)				
d. First Name	Gary	Last Name	Ivory		
e. E-mail Address	ivory@yapinc.org				
f. Phone Number	(214)417-7615				
17. Lobbyist Contact Information					
a. Name	None				
b. Firm Name	None				
c. E-mail Address					
d. Phone Number					