



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1488

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

**4. Project/Program Description**

The Second Chance Program is a program with two phases, or tracks, that seek to provide formerly incarcerated individuals with soft-skill training that increases employability across various industries and professions, while also providing entrepreneurship development and resources to help formerly incarcerated individuals with opening their own profitable businesses.

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                         | 350,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>350,000</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)       | 350,000        | 100%        |
| <b>Matching Funds</b>                                |                |             |
| Federal  | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local  | 0              | 0%          |
| Other  | 0              | 0%          |
| <b>Total Project Costs for Fiscal Year 2023-2024</b> | <b>350,000</b> | <b>100%</b> |

8. **Has this project previously received state funding?**

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>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.**
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**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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### 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 | Direct oversight of product or service development, ensuring that there are efficient processes to use. Directly responsible for the day-to-day operational challenges, managing direct reports, with hire/fire capabilities, develop, manage, policies and programs that lead the company toward its vision and mission.   | 50,000  |
| Other Salary and Benefits                           | Hire a Deputy Executive Director. Will prepare the annual business plan for the corporation. Monitoring the budget, to ensure that each step toward the mission of the program can be achieved in the most expedient manner possible. Review metrics and make changes, as needed, to ensure that all objectives are met. Provide leadership/management while handling internal operations | 30,000  |
| Expense/Equipment/Travel/Supplies/Other             | Staff Travel to the counties in the judicial circuit, office supplies.  | 6,000   |
| Consultants/Contracted Services/Study               | Hiring of outside consulting firm. Perform work for—or provide services to—entity as a nonemployee.   | 25,603  |
| <b>Operational Costs: Other</b>                     |   |         |
| Salary and Benefits                                 | 1 full time Admin/Intake Coordinator, 1 full time Career Coach/Program Manager, 1 full time Case Manager, and 1 full Community Marketing Specialist   | 120,760 |
| Expense/Equipment/Travel/Supplies/Other             | Participant Educational Materials, Consumable Program Materials, Group Outings for trainings/conferences, transportation for offender participants. Office expenses such as utilities, and telecommunications.  | 100,637 |
| Consultants/Contracted Services/Study               | Outside contracted legal and audit work to track and comply with all relevant local, state, and federal statutes and regulations. Purchase of a general liability insurance policy.   | 17,000  |
| <b>Fixed Capital Construction/Major Renovation:</b> |   |         |
| Construction/Renovation/Land/Planning Engineering   |   | 0       |



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|  |                |
|--|----------------|
| <b>Total State Funds Requested (must equal total from question #6)</b> | <b>350,000</b> |
|--|----------------|

**14. Program Performance**

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

Our evidence-based solution resolves failed reentry by helping individuals to understand the importance of investing in themselves by building valuable skills and improving their personal road maps to opening a small business or jump starting their careers through education in soft skills, thus reducing interpersonal conflict, and empowering them to lead nonviolent lives.

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

Case Management, hands-on training, counseling, mentoring, job training, administrative support, school guidance curriculum, individual student planning, career readiness, purchasing equipment and other items, technological training.

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

Case Management, hands-on training, counseling, mentoring, job training, administrative support, school guidance curriculum, individual student planning, career readiness, purchasing equipment and other items, technological training.

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

Jobless Persons, Economically Disadvantaged Person, Formerly Incarcerated Individuals, Individuals with substance abuse/dependencies. The program will serve approximately 200-400 individuals annually.

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

The following outcomes are expected from this project:  
 1. Reduce the overall recidivism rate of total program participants by approximately 5%  
 2. Reduce the recidivism rate of total program participants who complete the program by 15%  
 3. Generate approximate savings of up to approximately \$4,000,000 to the FY 2023-2024 Department of Corrections Budget

The methodology used to evaluate these benefits will be a hybrid quantitative cost-benefit analysis that tracks total enrollment in the program, the re-incarceration rates of program enrollees, the re-incarceration rate of participants who complete the program, the employability rate of participants who complete the program, and the number of businesses created by participants who complete 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?**

Repayment of funds to the state on a pro-rated basis.

**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**



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- 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**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**