

LFIR # 1495

. Project Title	Second Chance Program - 7th	Judicial Circuit	
2. Senate Sponsor	Travis Hutson		
. Date of Request	02/14/2023		
Project/Program De	escription		
individuals with soft-	e Program is a program with two p skill training that increases employ eurship development and resources s.	ability across various indu	ustries and professions,
. State Agency to red	ceive requested funds Department	artment of Corrections	
State Agency conta	ected? Yes		
	recurring Request for Fiscal Yea	r 2023-2024	
Type of Funding		Amo	unt
Operations		Allo	350,000
Fixed Capital Outlay	,		0
Total State Funds I	Requested		350,000
Total Project Cost f	or Fiscal Year 2023-2024 (includ	ing matching funds avai	lable for this project)
		_	_
Type of Funding		Amount	Percentage
Total State Funds R	equested (from question #6)	Amount 350,000	Percentage 100%
Total State Funds R Matching Funds	equested (from question #6)	350,000	100%
Total State Funds R Matching Funds Federal		350,000	100%
Total State Funds R Matching Funds Federal	equested (from question #6) amount of this request)	350,000	100% 0% 0%
Total State Funds R Matching Funds Federal State (excluding the		350,000	100%
Total State Funds R Matching Funds Federal State (excluding the Local Other		350,000 0 0	0% 0% 0% 0%
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	amount of this request)	350,000 0 0 0 350,000	0% 0% 0% 0% 0%
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	amount of this request) s for Fiscal Year 2023-2024	350,000 0 0 0 350,000 No	0% 0% 0% 0% 0%
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro	amount of this request) s for Fiscal Year 2023-2024 eviously received state funding? Amount	350,000 0 0 0 350,000 No	100% 0% 0% 0% 0% 100%
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	amount of this request) s for Fiscal Year 2023-2024 eviously received state funding? Amount	350,000 0 0 0 350,000 No	100% 0% 0% 0% 0% 100%
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (уууу-уу) Is future funding like	amount of this request) s for Fiscal Year 2023-2024 eviously received state funding? Amount Recurring Nonrecurrin	350,000 0 0 0 350,000 No Specific Appropriation #	100% 0% 0% 0% 0% 100%
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pro Fiscal Year (yyyy-yy) Is future funding like a. If yes, indicate n	amount of this request) s for Fiscal Year 2023-2024 eviously received state funding? Amount Recurring Nonrecurring kely to be requested?	350,000 0 0 0 350,000 No Specific Appropriation #	100% 0% 0% 0% 0% 100%



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Complete questions 11 and 1	12 for Fixed Capital Outlay Projects

1. Status of Cons	struction	•	,	•	
a. What is the		of the project?			
Planning	ODesign	Construction			
b. Is the project	t "shovel read	y" (i.e permitted)?			
c. What is the	estimated start	t date of construction?			
d. What is the	estimated com	pletion date of construction?			
		ty to receive, directly or indirectives of the facility and the enti		pital outlay fun	ding. Include the
-					

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
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
Operational Costs: Other		
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
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0



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Total State Funds Requested (must equal total from question #6)	350,000

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%
- Reduce the recidivism rate of total program participants who complete the program by 15%
 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?

Standard contract penaltie	es are sufficient.	

15.	Requeste	er Conta	ct In	forma	tion

a. First Name	Dr. Cheryl	Last Name	White
b. Organization	Family In Distress, Inc		
c. E-mail Address	fidcares@gmail.com		
d. Phone Number	(954)709-3411	Ext	

16. Recipient Contact Information

a. Organization	Family In	mily In Distress, Inc			
b. Municipality and	County	Volusia			

c. Organization Type



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□For Profit Entity							
☑Non Profit 501(c	☑Non Profit 501(c)(3)						
□Non Profit 501(c	e)(4)						
□Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Dr. Cheryl	Last Name	White				
e. E-mail Address	fidcares@gmail.com						
f. Phone Number	f. Phone Number (954)709-3411						
17. Lobbyist Contact I	nformation						
a. Name	None						
b. Firm Name	None						
c. E-mail Address							
d. Phone Number							