



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1746

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

A youth intervention program that meets the targeted needs of Nassau County youth by providing effective diversion and intervention programs which include redirection of youth through community service, mentoring and academic assistance to prevent juvenile delinquency. Program services will be provided to youth who are identified as at-risk of becoming involved in the juvenile justice system and are between the ages of six (6) and eighteen (18).

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	110,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>110,000</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)	110,000	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>110,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	110,000	1185	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.**

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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Nassau County used the funds to provide support to small businesses, provide individual rent and foreclosure prevention assistance, acquire PPE, facilitate virtual public meetings, expand remote work capacities, and other similar eligible expenditures allowed by the US Treasury.

## 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Nassau County will contract directly with a program director, mentoring service provider and tutoring service provider. The Nassau County Sheriff's Office will administer the community service events.	110,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<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>110,000</b>

### 14. Program Performance

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

Effective diversion and intervention for at-risk youth which includes redirection through community service events, mentoring and tutoring to prevent juvenile delinquency. Nassau County will contract directly with a program director, mentoring service provider and tutoring service provider. The Nassau County Sheriff's Office will administer the community service events.

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



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The Nassau County Youth Intervention Program will provide tutoring, mentoring and supervised community service for at-risk and probation youth.

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

This program is designed to provide a graduated system of community service hours, mentoring and tutoring for at-risk and probation youth. This program allows youth to receive necessary mentoring and tutoring, but also allows the option for youth to participate in community service activities in order to ultimately prevent juvenile delinquency.

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

At-Risk Youth between the ages of six (6) and eighteen (18).  
50-100 youth

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

Improvement with self-esteem, life skills, character development, professional skills, peer-pressure, personal development and leadership skills. Truancy prevention and academic achievement through tutoring. Behavior improvement through youth intervention to avoid future criminal history. Track progression and report on the number of participants that successfully complete the program. Conduct assessment of behavior on an on-going basis and track progression of the participants to measure the results and outcome. Submitting monthly reports regarding each juvenile and whether the truancy has been reduced and, through tutoring and mentoring, the academic issues persisted or improved.

**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 penalties are sufficient.

**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)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)



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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