

## The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2708

| . Project Title   |   |   |                        |               |
|---|---|---|------------------------|---------------|
| . i roject ritie  | Second Chance Program - 9   | th Judicial Circuit   |                        |               |
| . Senate Sponsor  | Victor Torres   |   |                        |               |
| . Date of Request   | 03/07/2023  |   |                        |               |
| . Project/Program De  | escription  |   |                        |               |
| individuals with soft-  | e Program is a program with two-<br>skill training that increases empeurship development and resoul<br>s.       | oloyability across various indu   | ustries and profession | ns, while als |
| . State Agency to red   | ceive requested funds   | epartment of Corrections  |                        |               |
| State Agency conta  |   | 3F300000000000000000000000000000000000  |                        |               |
|   |   |   |                        |               |
| Amount of the Noni  | recurring Request for Fiscal Y  | 'ear 2023-2024  |                        |               |
| Type of Funding   |   | Amo   | ount                   |               |
| Operations  |   |   | 350,000                |               |
| Fixed Capital Outlay  | <u>'</u>  |   | 0                      |               |
| <b>Total State Funds F</b>  | Requested   |   | 350,000                |               |
| Total Project Cost f  | or Fiscal Year 2023-2024 (incl  | uding matching funds ava  | ilable for this proje  | ct)           |
| Type of Funding   |   | Amount  | Percentage             |               |
|   | equested (from question #6)   | 350,000   | 100%                   |               |
| Matching Funds  |   |   |                        |               |
| Federal   |   | 0   | 0%                     |               |
| State (excluding the  | amount of this request)   | 0   | 0%                     |               |
|   |   | 0   | 0%                     |               |
| Local   |   |   | 0%                     |               |
| Other Other   |   | 0   | 070                    |               |
| Other   | s for Fiscal Year 2023-2024   | 350,000   | 100%                   |               |
| Other  Total Project Costs  | s for Fiscal Year 2023-2024<br>eviously received state fundir   | 350,000   |                        |               |
| Other  Total Project Costs  Has this project pre  | eviously received state fundir  | 350,000<br>ng? No   | 100%                   |               |
| Other  Total Project Costs  | eviously received state fundir  | 350,000 No Specific   |                        |               |
| Other  Total Project Costs  Has this project pro  | eviously received state fundir  | 350,000 No Specific   | 100%                   |               |
| Other  Total Project Costs  Has this project pre  Fiscal Year (уууу-уу)   | eviously received state fundin  Amount  Recurring Nonrecu   | 350,000  ng? No  Specific Appropriation #                                     | 100%                   |               |
| Other  Total Project Costs  Has this project pre  Fiscal Year (уууу-уу)   | eviously received state fundir  | 350,000 No Specific   | 100%                   |               |
| Other  Total Project Costs  Has this project pre  Fiscal Year (уууу-уу)  Is future funding like   | eviously received state fundin  Amount  Recurring Nonrecu   | 350,000  No  Specific Appropriation #   | 100%                   |               |
| Other Total Project Costs Has this project pro Fiscal Year (уууу-уу) Is future funding like a. If yes, indicate n   | Amount Recurring Nonrecu kely to be requested? onrecurring amount per year.                                     | 350,000  ng? No  Specific Appropriation #  No                                 | Vetoed                 |               |
| Other  Total Project Costs  Has this project pro  Fiscal Year (уууу-уу)  Is future funding like a. If yes, indicate n   | Amount Recurring Nonrecu  | 350,000  ng? No  Specific Appropriation #  No                                 | Vetoed                 |               |
| Other  Total Project Costs  Has this project pro  Fiscal Year (уууу-уу)  Is future funding like a. If yes, indicate n   | Amount Recurring Nonrecu kely to be requested? onrecurring amount per year.                                     | 350,000  ng? No  Specific Appropriation #  No                                 | Vetoed                 |               |
| Other  Total Project Costs  Has this project pro  Fiscal Year (уууу-уу)  Is future funding like a. If yes, indicate no  | Amount  Recurring  Nonrecu  kely to be requested?  onrecurring amount per year.  urce of funding that can be us | 350,000  No  Specific Appropriation #  No  No  Seed in lieu of state funding. | Vetoed                 | 0 nandami:    |
| Other Total Project Costs Has this project pro Fiscal Year (уууу-уу) Is future funding like a. If yes, indicate new b. Describe the sound. D. Has the entity required | Amount Recurring Nonrecu kely to be requested? onrecurring amount per year.                                     | 350,000  No  Specific Appropriation #  No  No  Seed in lieu of state funding. | Vetoed                 | 9 pandemi     |
| Other Total Project Costs Has this project pro Fiscal Year (уууу-уу) Is future funding like a. If yes, indicate no b. Describe the sou                                | Amount  Recurring  Nonrecu  kely to be requested?  onrecurring amount per year.  urce of funding that can be us | 350,000  No  Specific Appropriation #  No  No  Seed in lieu of state funding. | Vetoed                 | 9 pandemi     |



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### **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

| 11. Status of Co             | onstruction<br>e current phase of         | the project?  |                          |                             |
|------------------------------|---|---|--------------------------|-----------------------------|
| ○Planning                    | g ODesign                                 | Construction  |                          |                             |
| b. Is the proj               | ject "shovel ready                        | ' (i.e permitted)?  |                          |                             |
| c. What is th                | e estimated start o                       | late of construction?   |                          |                             |
| d. What is th                | e estimated comp                          | letion date of construction?                                    |                          |                             |
| 12. List the ow relationship | ners of the facility<br>p between the own | to receive, directly or indirecters of the facility and the ent | tly, any fixed capital d | outlay funding. 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/<br>Other           | Staff Travel to the counties in the judicial circuit, office supplies.   | 6,000   |
| Consultants/Contracted<br>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<br>Coach/Program Manager, 1 full time Case Manager, and 1 full<br>Community Marketing Specialist  | 120,760 |
| Expense/Equipment/Travel/Supplies/<br>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<br>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/<br>Planning Engineering |  | 0       |



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| ٦ | Total State Funds Requested | (must equal total from o | uestion #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?

| Repayment of funds to the state on a pr | ro-rated basis |
|---|----------------|
|   |                |

| 15. | Requester | Contact | Information |
|-----|-----------|---------|-------------|
|-----|-----------|---------|-------------|

| 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 | amily In Distress, Inc |  |  |  |
|---------------------|-----------|------------------------|--|--|--|
| b. Municipality and | I County  | Orange                 |  |  |  |

c. Organization Type



17.

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| □For Profit Entity |                        |           |       |  |  |  |  |
|--------------------|------------------------|-----------|-------|--|--|--|--|
| ☑Non Profit 501(c  | ☑Non Profit 501(c)(3)  |           |       |  |  |  |  |
| □Non Profit 501(c  | 2)(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    | (954)709-3411          |           |       |  |  |  |  |
| Lobbyist Contact I | nformation             |           |       |  |  |  |  |
| a. Name            | Daniel Sohn            |           |       |  |  |  |  |
| b. Firm Name       | Floridian Group, LLC.  |           |       |  |  |  |  |
| c. E-mail Address  | daniel@flagroupllc.com |           |       |  |  |  |  |
| d. Phone Number    | (954)243-4705          |           |       |  |  |  |  |