



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3155

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This appropriation will support the UFCF FLU Program which is dedicated to empowering youth through prevention and intervention. The program is committed to developing leaders engaged in S.T.E.(A).M. Education, Leadership Development, College Preparation (FAFSA workshops, enrollment strategies), Career Readiness, Financial literacy and Service-Learning Projects. We will support efforts for positive outreach and wellness through community-based intervention strategy that reduce violence.

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	470,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>470,000</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)	470,000	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>470,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific 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.**

The organization in the past has used private funding and fundraising to assist in the operations of the organization.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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No

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?

- 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	The executive director will manage and execute all stakeholder and student engagement. The executive director has direct oversight of programmatic development, ensuring the effective use of appropriated funds. Directly responsible for day-to-day operational tasks, staff management, hire/fire capabilities, develop programmatic policies and programs that uphold the foundation's mission and vision.	65,000
Other Salary and Benefits	Clerical Reviewer/Analyst to review budget outcomes, review programmatic outcomes, program participant feedback, and staff outcomes with the intent to analyze program effectiveness.	20,000
Expense/Equipment/Travel/Supplies/Other	Resources will be utilized for equipment expenses, supplies critical to the administration of programming and services, travel vital to the execution of deliverables and achieving expected outcomes.	23,000
Consultants/Contracted Services/Study	Hiring of outside professionals to provide additional services related to programmatic goals and deliverables. Purchase/renewal of general liability insurances as it relates to programming developed through appropriations.	40,000
<b>Operational Costs: Other</b>		
Salary and Benefits	These resources that will be supported by appropriations will be utilized for staff salaries to support this Future Leaders United After-School Enrichment and Mentoring Program. The Program Coordinator and Program Support Specialist will work directly with the Executive Director/Program Director in planning and execution of programmatic plans, student engagement, and stakeholder evaluations.	55,000



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Expense/Equipment/Travel/Supplies/Other	Appropriation resources will be utilized to cover costs of expenses, equipment, travel and supplies critical to the successful completion of programmatic goals through providing essential services to impacted populations. This appropriation will support efforts for positive outreach, wellness, and Enrichment of resources through community-based intervention strategy that seeks to reduce violence.	217,000
Consultants/Contracted Services/Study	Utilized to secure outside organizations for contracted legal and auditory purposes to ensure transparency of organization and effectiveness of programmatic delivery. The deliberate selection of procurement of services that review legal compliance at the local, state, and federal levels.	50,000
<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>470,000</b>

#### 14. Program Performance

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

This appropriation will support the UFCF FLU Program which is dedicated to empowering youth through prevention and intervention. The program is committed to developing leaders engaged in S.T.E.(A).M. Education, Leadership Development, College Preparation (FAFSA workshops, enrollment strategies), Career Readiness, Financial literacy and Service-Learning Projects. We will support efforts for positive outreach and wellness through community-based intervention strategy that reduce violence.

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

The United Foundation of Central Florida, Inc., will provide holistic wrap-around services to students in the Future Leaders United After-School Enrichment and Mentoring Program (FLU Program) and surrounding communities in Orange County.

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

Direct services will be hands on mentoring, S.T.E.(A).M. Education, Financial Literacy Workshops, Health & Wellness (Nutrition) seminars, College preparedness seminars, career readiness workshops, life skills and social responsibility trainings, and leadership development workshops. The foundation has a curriculum that engages these most critical pillars to holistic student development.

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

201 - 400 students; At-Risk, Grade School Students, High School Students in Orange County, FL and surrounding areas.

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

The overall benefit of The United Foundation of Central Florida's Future Leaders United Program is to empower youth through prevention and intervention in under resourced areas in Central Florida. The program is committed to developing leaders engaged in S.T.E.(A).M. Education, Leadership Development, College Preparation (FAFSA workshops, enrollment strategies, etc.), Career Readiness, Financial Literacy and Service-Learning projects. The foundation supports efforts for positive outreach and wellness through community-based intervention strategy that educe violence.

**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?**

Based on variables directly connected to the provider's deliverables and performance, the final amount may reflect a gradual prorated contract reduction.

#### 15. Requester Contact Information



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- 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)

- 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