

1. Project Title

2. Senate Sponsor

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

HBCU Hoops Invitational Tournament

Darryl Rouson

LFIR # 3239

3. Date of Request	03/24/2023				
4. Project/Program D	escription				
local high school stuexperts (SME's) to sawareness/wellness Tech, Engineering,	udents and commur speak and educate, s, financial literacy, I Arts, Math). Throug	nity. A sports sympore empower, and encommanagement and propertions of this platform, sch	orm to introduce historicsium and community courage our citizens ablanning, and a career tolarships will be raised hip program to provide	fest will be hosted wout mental and phy fair with a focus on dand provided to lo	with subject matter /sical health STEAM (Science, ocal high school
5. State Agency to re	ceive requested fu	ınds Departm	nent of Education		
State Agency conta	•				
6. Amount of the Non	recurring Request	for Fiscal Year 20	023-2024		
Type of Funding			Amo	unt	
Operations				3,450,000	
Fixed Capital Outlay				0	
Total State Funds	Requested			3,450,000	
7. Total Project Cost f	for Fiscal Year 202	3-2024 (including	matching funds ava	ilable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds R	Requested (from que	estion #6)	3,450,000	100%	
Matching Funds					
Federal			0	0%	
State (excluding the	amount of this requ	uest)	0	0%	
Local			0	0%	
Other			0	0%	
Total Project Costs	s for Fiscal Year 20	023-2024	3,450,000	100%	
8. Has this project pr	eviously received	state funding?	No		
Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring Nonrecurring		Appropriation #		
9. Is future funding li	kely to be request	ed?	No		
a. If yes, indicate n	onrecurring amou	ınt per year.			
b. Describe the so	urce of funding the	at can be used in	lieu of state funding.		
3. 2000. ISO 1110 00			C. C.a.o lanang.		



11. Status of Construction

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No	
If yes, indicate the amount of funds received and what the funds were used for.	
	7

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the o			
OPlanning	ODesign	Construction	
b. Is the projec			
c. What is the			

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

d. What is the estimated completion date of construction?

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits Oversight and management, strategic planning, training		20,000
Other Salary and Benefits	Staff time attributable to fundraising, administrative tasks	50,000
Expense/Equipment/Travel/Supplies/ Other	Creating print collateral - graphic designer; printing marketing material collateral, postage and distributing print collateral, accounting, crm and donor management software.	50,000
Consultants/Contracted Services/Study	Bookkeeping and accounting services; Nonprofit/fundraising consultants/grant writers.	50,000
Operational Costs: Other		
Salary and Benefits	Support Staff	150,000
Expense/Equipment/Travel/Supplies/ Other	Venues, Transportation, accommodations and meals for teams and officials, event insurance, stipends for teams.	2,105,000
Consultants/Contracted Services/Study	Security, PR Marketing and Advertising, Professional Speakers (SME's), Medical Staff.	1,025,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	3,450,000

14. Program Performance

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



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Funds received will assist in the execution of this initiative. To provide scholarships to local high schools students and young adults interested in attending historically black colleges and universities. With mental health awareness and outreach, leadership development, career preparation through internships with local businesses, students/young adults will be better prepared to attend college and become thriving leaders.

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

Basketball tournament; Sports Symposium and Community Fest that provides SME's to educate, empower, and encourage our citizens about mental and physical health awareness/wellness, financial literacy, management, and planning. Within the community fest will be interactive activations to support the education of mental/physical wellness, local performers/artists as entertainment. A career/recruitment fair with a focus on STEAM (Science, Tech, Engineering, Arts, Math). Internship program to provide leadership development and career preparation.

C.	. What	direct	services	will be	provided	to citizen	s by the	appropriation	project?

Education, Scholarships, Professional Speakers, Consultations,

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

Parents, Teachers, at risk youth, underprivileged persons, junior/ high school/ university/ college students, economically disadvantaged persons, the general public. We expect 25,000+ in attendance over the duration of the event.

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

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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?

Should this initiative fail to meet it's mission, all funding will be returned to the state/agency.

15.	15. Requester Contact Information							
	a. First Name	Monique	Monique Last Name Rocchild					
	b. Organization	Inside an	Inside and Out Project Organization					
	c. E-mail Address	Monique	@HBCUHoopsin	vitational.us				
	d. Phone Number	(813)616	(813)616-3202 Ext.					
16.	16. Recipient Contact Information							
	a. Organization	Inside and Out Project Organization						
	b. Municipality and	. Municipality and County Hillsborough						
	c. Organization Type							
	□For Profit Entity							
	☑Non Profit 501(c)(3)							



17.

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□Non Profit 501(c)(4)								
□Local Entity	□Local Entity							
□University or Co	llege							
□Other (please sp	□Other (please specify)							
d. First Name Monique Last Name Rocchild								
e. E-mail Address	Monique@HBCUHoopsinvitational.us							
f. Phone Number	(813)616-3202							
Lobbyist Contact Information								
a. Name	None							
b. Firm Name	None							
c. E-mail Address								
d Phone Number								