



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1051

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The Second Chance Program is a re-entry program that will provide culturally competent skill development for felony offenders in Broward County. This program will provide offenders the opportunity to enroll in one of three courses: Courage To Change; Employability; and Leadership/Entrepreneurialship. These courses are designed to address offenders' criminogenic behaviors, reduce cognitive deficiencies, improve occupational skills, and enhance personal employability. Each course is designed to provide 80 contact hours.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	250,000	100%

8. **Has this project previously received state funding?** No

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



The Florida Senate

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Fiscal Year 2025-2026

LFIR # 1051

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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 development of services, 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 and manage policies and programs that lead the program toward its vision and mission. Provide leadership and management to help the program reach its goals	40,000
Other Salary and Benefits	Hire a Deputy Executive Director. Will prepare and monitor the budget reports, 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		0
Consultants/Contracted Services/Study	Hiring of outside consulting firm. Perform compliance work for—or provide services to—entity as a nonemployee.	25,000
Operational Costs		
Salary and Benefits	1 full time Career Coach/Program Manager, 1 full time Case Manager	60,000
Expense/Equipment/Travel/Supplies/Other	Participant Educational Materials, Consumable Program Materials, Group Outings for trainings/conferences, Transportation for offenders, Office expenses such as utilities, and telecommunications.	80,000
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.	15,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

13. Program Performance



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1051

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

The Second Chance Program is a re-entry program that will provide culturally competent skill development for felony offenders in Broward County. This program will provide offenders the opportunity to enroll in one of three courses: Courage To Change; Employability; and Leadership/Entrepreneurialship. These courses are designed to address criminogenic behaviors, cognitive deficiencies, occupational skills, and enhance personal employability. Each course is designed to provide 80 contact hours.

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

Case Management, social service referrals, 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, social service referrals, 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?

This project would serve approximately 100-200 felony offenders in Broward County (Circuit 17) who were released from a Florida Department of Corrections state correctional facility in the last three years. Participants can also include offenders who are on felony community supervision with the Florida Department of Corrections, including Interstate Compact cases and State of Florida pre-trial intervention cases supervised by a Florida Department of Corrections Correctional Probation Officer.

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

The chief goal of this funding request is to enhance and/or supplement the existing re-entry tools in Region 4 of the Florida Department of Corrections. These programs all share the common goal of reducing recidivism among offenders and helping offenders develop or enhance their personal toolbox of resources and skills needed to be successful, productive, and active members of the community. Courage To Change Series courses with include Pre/ Post Tests in each subject to evaluate participants competency in these subjects. A 3 courses being offered with also include a variety of experiential learning activities designed to help offenders adjust to the expectations of felony community supervision, while preparing plans for successful reintegration post-community supervision.

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 in the contract?

Repayment of funds to the state on a pro-rated basis

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1051

- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

18. 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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1051

Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.