



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2296

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Since 1948, Youth for Christ Miami and Broward has sought to improve student performance, while reducing violence, anxiety, and self-harm among youth aged 11-19 in underserved communities. Through life skills courses, mentorship, and weekly clubs, we strive to help students lead balanced lives socially, intellectually, emotionally, and spiritually.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	1,500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,500,000</b>

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)	1,500,000	37%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	2,524,483	63%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>4,024,483</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	750,000	90	No

9. Is future-year 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.

Alternate funding sources are Corporate and Foundational Grants, Individual Donations, and In-Kind Donations.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2296

**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
<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		0
<b>Operational Costs</b>		
Salary and Benefits	Salary support for 35 mentoring staff	1,450,000
Expense/Equipment/Travel/Supplies/Other	Program supplies, and program equipment	8,000
Consultants/Contracted Services/Study	Intensive Mentorship Training for 10 mentoring staff	42,000
<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>1,500,000</b>

**13. Program Performance**

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

The requested funds will enable YFC Miami & Broward to enhance at-risk youth's well-being through mentoring, life skills training, and educational support, promoting academic success, positive behavior, and mental health awareness in under-served communities.

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

Activities and services will be provided to at-risk youth, focusing on conflict resolution, goal setting, interpersonal relationships, mental health awareness, social skills, and completing school. Weekly on-campus clubs, intensive Rebalance curriculum, and after-school programs offer mentorship, life skills classes, and homework assistance.



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## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2296

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

Youth will receive training focused on conflict resolutions, goal setting, and mental health and awareness. Youth will also receive mentorship in large- and small-group formats by trained staff and volunteers. They will learn ways to support their mental, physical, and emotional health. Those needing additional services will be referred to free- or low-cost options.

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

The target population for this project is at-risk youth, primarily aged 11-19, from under-served communities in Miami-Dade and Broward County. We anticipate serving approximately 4,000 individuals this fiscal year.

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

Youth for Christ Miami & Broward aims to enhance youth social connections, improve academic attitudes, and foster strong mentor-mentee bonds. We'll measure these outcomes through surveys administered to the youth. Our proven programs focus on holistic development, character-building, and community impact, empowering young people to make positive choices and become productive citizens.

**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?**

We would suggest a mandatory performance improvement plan for failing to meet deliverables or performance measures provided for in the contract.

**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
- 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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2296

- 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
- 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**



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LFIR # 2296

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