

1. Project Title

No

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

Joshua Way of Hope Youth Prevention Program

LFIR # 1490

2. Senate Sponsor	Darryl Rouson				
3. Date of Request	02/10/2023				
4. Project/Program De	escription				
and alcohol among sindependence for locuring counseling, case mateaching them valua	gram aims to reduce ger students. The program h w-income students. We anagement and a robust ble life skills in the core ace their growth and dev	nas a strong fo utilize the top training progra areas of educa	cus on improving eduction evidence-based preve am to help build strong	cational outcomes a ntion program in the positive character	and creating economic e country, along with traits in our youth while
5. State Agency to red	ceive requested funds	Departm	nent of Juvenile Justice	••••••••••••••••••••••••••••••••••••••	
State Agency conta	ncted? No				
6. Amount of the Noni	recurring Request for	Fiscal Year 20	023-2024		
Type of Funding			Amo	unt	
Operations				300,000	
Fixed Capital Outlay	1			0	
<b>Total State Funds F</b>	Requested		300,000		
•	or Fiscal Year 2023-20	24 (including			ect)
Type of Funding			Amount	Percentage	
	equested (from question	า #6)	300,000	100%	
Matching Funds				201	
Federal	amount of this required		0	0%	
, ,	State (excluding the amount of this request)		0	0% 0%	
Local Other		-	0	0%	
	Total Project Costs for Fiscal Year 2023-2024			100%	
Total Froject Costs	5 101 1 15Cai 1 Cai 2025-2	1024	300,000	100 /6	
8. Has this project pre	eviously received state	funding?	No		
Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring N	onrecurring	Appropriation #		
9. Is future funding lik	kely to be requested?		No		
a. If yes, indicate n	onrecurring amount p	er year.			
b. Describe the sou	urce of funding that ca	n be used in I	lieu of state funding.		
We are also applying	ng for local grants and d	oing fundraisir	ng to support program.		
10. Has the entity req	uesting this project re	ceived any fe	deral assistance rela	ted to the COVID-	19 pandemic?



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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**

<ol> <li>Status of Con</li> <li>a. What is the</li> </ol>	current phase	of the project?	
OPlanning	ODesign	Construction	
b. Is the project	ct "shovel read	y" (i.e permitted)?	
c. What is the	estimated start	date of construction?	
d. What is the	estimated com	pletion date of construction?	
		ty to receive, directly or indirectly vners of the facility and the entity	ital 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	Executive Director administrative salary will cover supervising staff, approving schedules and time sheets, reviewing client intake assessments, recruitment, prepare invoice for reimbursement, review, track and approve program expenses and monitor for program compliance with deliverables and performance measures. Executive Director will also have some operational duties such as providing counseling and training.	15,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	The salaries will cover five professional positions to assist with program development, counseling, training, case management, and educational support to the youth and families enrolled in the program.	156,000
Expense/Equipment/Travel/Supplies/ Other	Training Supplies, Case Management System, curriculum Materials, performance outcome measurement tools and assessments, computers & software, outreach activities and materials, website applications, rent, insurance, client transportation, field trips, student internships, student/volunteer/mentor stipend, recruitment and staff training.	129,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	300,000



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#### 14. Program Performance

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

The program's purpose is to prevent youth from failing in school, committing crime and using drugs which all three behaviors are drivers to poverty and crime. Our goal is to reduce generational recidivism of economic poverty and criminal justice involvement by providing life skills training, education support, counseling, employability skills and internships. Our goal is to minimize the effects of social issues/barriers affecting at-risk youths' ability to become healthy emotionally, educationally, physically, and financially to emerge as self-sufficient adults.

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

Individual/Family needs assessment, life skills training, counseling, mental wellness, healthy habits, mentoring, referrals, education assessment, educational support, case management, social-emotional learning competency training, internships, employability skills, financial literacy, goal setting, career planning, workshops, behavioral modification practice activities and personality test.

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

We will provide training, workshops and behavioral modification activities utilizing Botvin Life Skills, a certified Blueprint Model Plus evidence-based curriculum which research has documented that youth who participate in this curriculum shows significant reduction in delinquency, violence, verbal and physical aggression along with reducing tobacco, alcohol and drug use. Students will also receive counseling, education support and a mental wellness toolkit filled with techniques, strategies and coping mechanisms to help them manage their anger, emotions, behaviors and anxiety.

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

Our target population are students ages 10-23 that meet any of the following at-risk criteria: Poor school attendance and/or poor grades; Challenging behaviors; Low-income household; Family receives government assistance; Single Parent Household; Family history of involvement in the criminal or juvenile justice system; Family history of domestic violence or child abuse; Parent(s) has minimum education. We are anticipating on serving up to 150 youth.

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

The expected benefits of our program includes but are not limited to: Improved emotional, physical and mental wellness; Improved educational outcomes by ensuring students are promoted to the next grade level on time; Reduce the recidivism rate of generational economic poverty; Students become self-sufficient by having a career plan, employability skills and experience; Reduce the use of drugs, tobacco and alcohol for students; Divert youth from the criminal/juvenile justice system. We will utilize several methods to measure the level of benefit to students including evidence-based measurement tools, pretest and post-test evaluations, case management notes and documentation from schools and other agencies.

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?

Financial penalties should be applied for any deliverables and performance measure outcome that the organization does not achieve according the standard state financial consequence policy.

Requester Contact Information				
a. First Name	Kayetrenia	Last Name	Nichols	
b. Organization	Joshua Way of Hope, Inc.			
c. E-mail Address	Joshuawayofhope@gmail.com			
d. Phone Number	(813)361-4935	Ext.		
Recipient Contact Information				

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b. Municipality and County Hillsborough					
c. Organization Type					
□For Profit Entity	□For Profit Entity				
☑Non Profit 501(d	☑Non Profit 501(c)(3)				
□Non Profit 501(d	□Non Profit 501(c)(4)				
□Local Entity	□Local Entity				
□University or Co	□University or College				
□Other (please specify)					
d. First Name	Kayetrenia	Last Name	Nichols		
e. E-mail Address	Joshuawayofhope@gmail.com				
f. Phone Number	(813)546-1896				
17. Lobbyist Contact Information					
a. Name	None				
b. Firm Name	None				
c. E-mail Address					
d. Phone Number					