



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2493

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

**4. Project/Program Description**

The City of West Park is in need of assistance to address the issue of truancy and crime prevention within South Broward. The City's surrounding schools have displayed multiple risk factors. These risk factors include, but are not limited to suicide, truancy, juvenile crime, teenage pregnancy, alcohol and drug abuse, and other negative behavior patterns. According to the Association for Supervision and Curriculum Development (ASCD), these risk factors can lead to the detriment of a student's capacity to envision or achieve success. As part of the City's commitment to provide quality youth programming that will deter truancy, bullying and other negative behavior among school-age children, funding is being requested to support after school and summer programming, and the production of a skit that will feature the City and students as actors. Early intervention is essential to preventing and deterring negative behavior and any potential for crime.

5. **State Agency to receive requested funds**
- State Agency contacted?**  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 600,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>600,000</b> |

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

| Type of Funding                                      | Amount           | Percentage  |
|------------------------------------------------------|------------------|-------------|
| Total State Funds Requested (from question #6)       | 600,000          | 50%         |
| <b>Matching Funds</b>                                |                  |             |
| Federal                                              | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local                                                | 600,000          | 50%         |
| Other                                                | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2024-2025</b> | <b>1,200,000</b> | <b>100%</b> |

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

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2023-24                  | 0         | 200,000      | 1207                        | No     |

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



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Yes

**If yes, indicate the amount of funds received and what the funds were used for.**

The City was awarded \$7,557,380.00 in American Rescue Plan Act funds. These funds were used to obtain Personal Protective Equipment (PPE), provide Rental, Mortgage, and Utilities Assistance, Small Businesses, Vaccinations, Capital Improvement, etc.

## 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    
  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?

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 |                                                                                                                                                                                                                                                                                                                                                                                                                               | 0       |
| Other Salary and Benefits                           |                                                                                                                                                                                                                                                                                                                                                                                                                               | 0       |
| Expense/Equipment/Travel/Supplies/Other             |                                                                                                                                                                                                                                                                                                                                                                                                                               | 0       |
| Consultants/Contracted Services/Study               |                                                                                                                                                                                                                                                                                                                                                                                                                               | 0       |
| <b>Operational Costs: Other</b>                     |                                                                                                                                                                                                                                                                                                                                                                                                                               |         |
| Salary and Benefits                                 | Funding is being requested to support salaries and benefits of staff who are providing the services and to support all key components of the Camp B.R.A.V.R.Y. after school and summer program. Staff will be responsible for providing direct services that include field trips, cultural enrichment, tutoring, physical activities, etc.                                                                                    | 300,000 |
| Expense/Equipment/Travel/Supplies/Other             | Funding is being requested to obtain supplies and materials that are needed to conduct the various educational as well as social/emotional learning activities. It also encompasses many enriching activities such as travel, field trips, and college tours, office and other operational supplies. Funding in this category also covers equipment for programming, physical activity equipment, as well as arts and crafts. | 200,000 |
| Consultants/Contracted Services/Study               | This funding is requested in order to collaborate with experts from different areas to conduct and provide specialized activities such as cultural arts, dance, theater, etiquette as well as other entertaining activities and learning.                                                                                                                                                                                     | 100,000 |
| <b>Fixed Capital Construction/Major Renovation:</b> |                                                                                                                                                                                                                                                                                                                                                                                                                               |         |



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|                                                                        |  |                |
|------------------------------------------------------------------------|--|----------------|
| Construction/Renovation/Land/<br>Planning Engineering                  |  | 0              |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>600,000</b> |

**14. Program Performance**

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

The City of West Park is in need of assistance to address the issue of truancy and crime prevention within South Broward. Students with the community's schools have displayed multiple risk factors. These risk factors include, but are not limited to suicide, truancy, juvenile crime, teenage pregnancy, alcohol and drug abuse, and other negative behavior patterns. Early intervention is essential to preventing and deterring negative behavior and potential for crime.

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

Early intervention is essential to preventing and deterring negative behavior and any potential for criminal activity. Our low-income, at-risk community is seeking support that will create a positive impact on students. Support is needed for this community outreach for crime prevention and anti-bullying. Tutoring, physical education, cultural enrichment, field trips, nutrition, etc.

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

As part of the City's commitment to providing quality youth programming that will deter truancy, bullying and other negative and adverse behavior among school-age children, funding is being requested to support after school and summer programming. In addition, there will be a production of a skit that will feature the City and students as actors. The Youth Advisory Council will be peer mentors.

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

Youth within the community that may be at-risk for suicide, truancy, juvenile crime, teenage pregnancy, alcohol and drug abuse, and other negative behavior patterns.

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

We expect the outcome to be a safe environment for students to participate in holistic activities within our program. Direct services will be provided. This outcome will be measured by attendance records, report cards, participant surveys. By providing a comprehensive program that meets service gaps for at-risk youth, we can keep them on track for a better future.

**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?**

The contract will have standard language that entails compliance, deliverables and reports.

**15. Requester Contact Information**

**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**



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- 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**