

LFIR # 1437

| 1. Project Title                                  | Striving for Excellence Inc. |                    |   |                        |                      |  |
|---|------------------------------|--------------------|---|------------------------|----------------------|--|
| 2. Senate Sponsor                                 | Ana Maria Rodri              | guez               |   |                        |                      |  |
| 3. Date of Request                                | 02/14/2023                   |                    |   |                        |                      |  |
| 4. Project/Program De                             | escription                   |                    |   |                        |                      |  |
| Cheeseborough Invi                                | tational Track & Fie         | ld Event held annu | etics with scholarships<br>ually. Expenses for em<br>photographer, security | ployee, officials, tin | ne keeper, meals for |  |
| 5. State Agency to red                            | ceive requested fu           | <b>nds</b> Departm | nent of Education   |                        |                      |  |
| State Agency conta                                | cted? No                     | <u> </u>           |   |                        |                      |  |
|   |                              |                    |   |                        |                      |  |
| 6. Amount of the Noni                             | recurring Request            | for Fiscal Year 20 | 023-2024  |                        |                      |  |
| Type of Funding                                   | Type of Funding              |                    |   | unt                    |                      |  |
| Operations  |                              |                    |   | 165,000                |                      |  |
| Fixed Capital Outlay                              | Fixed Capital Outlay         |                    |   | 0                      |                      |  |
| Total State Funds Requested                       |                              |                    | 165,000   |                        |                      |  |
| 7. Total Project Cost f  Type of Funding          | or Fiscal Year 202           | 3-2024 (including  | matching funds avai   | lable for this proje   | ect)                 |  |
| Total State Funds R                               | equested (from que           | stion #6)          | 165,000   | 100%                   |                      |  |
| Matching Funds                                    | equested (iroini que         | ouon noj           | 100,000   | 10070                  |                      |  |
| Federal   |                              |                    | 0   | 0%                     |                      |  |
| State (excluding the                              | amount of this requ          | iest)              | 0   | 0%                     |                      |  |
| Local   |                              |                    | 0   | 0%                     |                      |  |
| Other   |                              |                    | 0   | 0%                     |                      |  |
| Total Project Costs                               | for Fiscal Year 20           | 23-2024            | 165,000   | 100%                   |                      |  |
|   |                              |                    |   | 100,0                  |                      |  |
| 8. Has this project pro                           | eviously received            | state funding?     | No  |                        |                      |  |
| Fiscal Year                                       | Amo                          | ount               | Specific  | Vetoed                 |                      |  |
| (уууу-уу)   | Recurring                    | Nonrecurring       | Appropriation #   |                        |                      |  |
|   |                              |                    |   |                        |                      |  |
| 9. Is future funding lik                          | cely to be requeste          | ed?                | Yes   |                        |                      |  |
| a. If yes, indicate nonrecurring amount per year. |                              |                    | 1,000,000   |                        |                      |  |
| b. Describe the sou                               | urce of funding tha          | nt can be used in  | lieu of state funding.  |                        |                      |  |
| community private                                 | donations Persons,           | however that wou   | ld not meet our needs   |                        |                      |  |
| 10 Has the antitures                              | uootina thio prois           | at received and fa | doral aggictance rela   | tod to the COVID       | 10 nandomic?         |  |
| 10. Has the entity req                            | uesting this projec          | a received any fe  | uerai assistance fela   | ted to the COVID-      | 19 pandemic?         |  |
|   |                              |                    |   |                        |                      |  |

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



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| a. What is the current phase of the project?  OPlanning Opesign Construction  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? |  |     |  |  |  |  |
|--|--|-----|--|--|--|--|
| b. Is the project "shovel ready" (i.e permitted)?  c. What is the estimated start date of construction?  | a. What is the current phase of the project?           |     |  |  |  |  |
| c. What is the estimated start date of construction?   | OPlanning ODesign OConstruction                        |     |  |  |  |  |
|  | b. Is the project "shovel ready" (i.e permitted)?      |     |  |  |  |  |
| d. What is the estimated completion date of construction?  | c. What is the estimated start date of construction?   |     |  |  |  |  |
| d. What is the estimated completion date of construction:  | d. What is the estimated completion date of constructi | on? |  |  |  |  |
| 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 |
|---|---|--------|
| Administrative Costs:   |   |        |
| Executive Director/Project Head Salary and Benefits             | project head, daily operations of non-profit director - over seeing daily operations through speaking engagements   | 75,000 |
| Other Salary and Benefits                                       |   | 0      |
| Expense/Equipment/Travel/Supplies/<br>Other                     |   | 0      |
| Consultants/Contracted<br>Services/Study                        |   | 0      |
| Operational Costs: Other  |   |        |
| Salary and Benefits   | marketing assistant   | 20,000 |
| Expense/Equipment/Travel/Supplies/<br>Other                     | Security, Timer, awards, tee shirts, meals, photographer, DJ (music), set up and break down crew, Awarding scholarships, postage, advertisement for the event | 70,000 |
| Consultants/Contracted<br>Services/Study                        |   | 0      |
| Fixed Capital Construction/Majo                                 | r Renovation:   |        |
| Construction/Renovation/Land/<br>Planning Engineering           |   | 0      |
| Total State Funds Requested (must equal total from question #6) |   |        |

### 14. Program Performance

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

The Non- Profit Community Organization assisting student athletes with scholarships for a higher education. To Support the Cheeseborough Invitational Track & Field Event held annually. To encourage student to achieve and reach life goals through athletics.

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



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The Non-Profit will give back into the community as it gives donations to the uniforms needed by student athletics, scholarships, to assist with higher education expenses (books, food, and/or campus room and board, and supports the Cheeseborough Invitational Track & Field Event held annually for student athletes. The funds will be used to help with incurred expenses for the officials, timekeeper, meals for volunteers, set up and break down crew members, tee shirts, trophies photographer, security and new and repaired equipment used at the event.

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

The Non-Profit will give back into the community as it gives donations to the uniforms needed by student athletics, scholarships, to assist with higher education expenses (books, food, and /or campus room and board, and funds Cheeseborough Invitational Track & Field Event held annually for student athletes.

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

The at risk youth, grade or middle school students, high school students and university/college students. This program is expected to reach 400-800 student athletes participating in the Cheeseborough Invitational Track and Field Event held annually.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- 1.) To Improve physical health- promoting fitness, running and exercise- by determining the physical ability of each athlete in their appropriate event. 2.) Enrich cultural experience socializing with other students from different cultures meet and greet. 3.) Improve quality of education providing and approving scholarships for higher education this benefits the low income and at risk students. 4.) Student athletes will be ask to complete an application form asking various questions in essay format on why he/she should receive the scholarship award.
- 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 agency should be allowed to correct its shortfalls and given a deadline to correct the reasons they are failing to meet performance measures. If not corrected within the deadline requested by the state then they should discontinue appropriating funds until all guidelines are administered correctly.

| 15. Requester Contact Information |  |  |  |           |                     |  |
|-----------------------------------|--|--|--|-----------|---------------------|--|
|                                   | a. First Name  | Chandra                                    |  | Last Name | Cheeseborough-Guice |  |
|                                   | b. Organization  | Cheeseborough Striving For Excellence Inc. |  |           |                     |  |
|                                   | c. E-mail Address  | ccheeseboroughtnstate.edu                  |  |           |                     |  |
|                                   | d. Phone Number  | (615)294-0051 <b>Ext.</b>                  |  |           |                     |  |
| 16.                               | 16. Recipient Contact Information                          |  |  |           |                     |  |
|                                   | a. Organization Cheeseborough Striving For Excellence Inc. |  |  |           |                     |  |
|                                   | b. Municipality and County Duval                           |  |  |           |                     |  |
|                                   | c. Organization Type                                       |  |  |           |                     |  |
|                                   | □For Profit Entity   |  |  |           |                     |  |
|                                   | ☑Non Profit 501(c)(3)                                      |  |  |           |                     |  |
|                                   | □Non Profit 501(d  | c)(4)                                      |  |           |                     |  |
|                                   | □Local Entity  |  |  |           |                     |  |



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| □University or Co       | ollege            |           |       |  |  |
|-------------------------|-------------------|-----------|-------|--|--|
| □Other (please specify) |                   |           |       |  |  |
| d. First Name           | Selesia           | Last Name | Riley |  |  |
| e. E-mail Address       | scriley24@att.net |           |       |  |  |
| f. Phone Number         | (904)403-8997     |           |       |  |  |
| 17. Lobbyist Contact I  | nformation        |           |       |  |  |
| a. Name                 | None              |           |       |  |  |
| b. Firm Name            | None              |           |       |  |  |
| c. E-mail Address       |                   |           |       |  |  |
| d. Phone Number         |                   |           |       |  |  |