



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Smith Brown Community Center in DeSoto County

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

The goal of the Smith Brown Renovation Initiative (Smith Brown Project) is to address generational poverty in DeSoto by connecting kids and their parents to educational, hunger, and other available resources within their community. The Smith Brown Project includes the renovation of the Smith Brown Recreation Center, adjacent education building and the installation of a technology lab.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Economic Opportunity

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	450,000	450,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	100,000	14.3%
Local	150,000	21.4%
Other	0	0.0%
TOTAL	250,000	35.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 700,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3

c. What is the most recent fiscal year the project was funded? 2017-18



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
 e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		100,000	100,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

The requested funding will be used to restore the Smith Brown facility to provide a safe place for impoverished youth in the community to learn. The nearly 50 year old facility is surrounded by public housing and currently vacant. Funds will be used for construction and restoration of the facilities including making the facility safe, installing a HVAC system and upgrading fixtures per code. With a restored facility, Smith-Brown programming can expand to provide supplemental learning for more youth in a community where 1 out of every 2 children are living in poverty.

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

Programming will be able to expand to provide supplemental learning for more youth in a community where 1 out of every 2 children are living in poverty. The long-term goal of the programming is to end the continued cycle of generational poverty. This safe place will help students plan a path for success and end dependence of government assistance and unemployment in their families. They will be provided with supplemental educational programming aimed at getting them into the workforce, ultimately, eliminating the need for the state to provide for basic living such as unemployment, food and other welfare.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction/Renovation and engineering, if needed	450,000
TOTAL		450,000

d. What are the direct services to be provided to citizens by the appropriations project?

The restored facility will provide a long overdue safe place that will help students plan a path for success and end dependence of government assistance and unemployment in their families. They will be provided with supplemental educational programming aimed at getting them into the workforce, ultimately, eliminating the need for the state to provide for basic living such as unemployment, food and other welfare.

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

The target population are children in DeSoto living in poverty with high warning indicators from the school district and their families. With this funding, we can serve between 150-250 kids and their families.

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

The expected outcomes include decreasing the ongoing cycle of poverty by increasing academic accomplishments. Outcome will be measured through academics, graduation rates, standardized test scores, etc.

g. 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?

Failure to meet deliverables should result in a probationary period from receiving state funds.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

The Smith Brown Community Foundation is leasing the facility from the City of Arcadia.



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13. Requestor Contact Information:

- a. **Name:** Ashley Coone
- b. **Organization:** The Smith Brown Community Foundation
- c. **Email:** smithbrownfoundation@yahoo.com
- d. **Phone Number:** (863)990-0527

14. Recipient Contact Information:

- a. **Organization:** The Smith Brown Community Foundation
- b. **County:** DeSoto
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Ashley Coone
- e. **E-mail Address:** smithbrownfoundation@yahoo.com
- f. **Phone Number:** (863)990-0527

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**