



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** After School Scholarship Program

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 11/12/2017

4. **Project/Program Description:**

Sponsor 40 kids to attend afterschool for a whole school year. The average price for an afterschool per month ranges from \$250 to \$275 a month. In addition to the afterschool program, we will also monitor these kids, their progress in school.

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 Education

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
150,000		150,000

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)	0	0.0%
Local	0	0.0%
Other	15,000	9.1%
TOTAL	15,000	9.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 165,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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

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

Yes

**a. If yes, indicate non-recurring amount per year.**

\$150,000

**11. Program Performance:**

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

These funds will be spent to help our at-risk youths in the community to stay in school. This program will be designed to help our at-risk youths in the community. We believe if these youths have somewhere to go after school, they will get in less trouble and as such we will have fewer kids in the Juvenile system. These parents are working two to three jobs to support their family, thus, their kids end up in the street after school because these parents are unable to afford after school program.

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

After school program, school performance monitoring and weekend activities

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Fund Program Director/Project Head to ensure every penny is spent according to protocols and is accounted for to guarantee the program's success	20,000



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<input checked="" type="checkbox"/> Other Salary and Benefits	Fund for an assistant program manager to assist the director	10,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	N/A	0
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Office Staff to assist the program to its entirety	10,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	N/A	0
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	This will be used to cover expensive to operate the program	10,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Funding for the after school scholarship programs funding 40 disadvantaged kids for the school year	100,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	N/A	0
TOTAL		150,000

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

After School Activities, School performance monitoring, and weekend activities for at-risk youths

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

Low income family will benefits from this program all around the district

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

Three staffs will be in control to ensure the funds are spent for the well being of the youth at risk in the community

**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?**

None.

**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.**



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N/A

### 13. Requestor Contact Information:

- a. **Name:** Edisson Charles
- b. **Organization:** Community World Mission for God's Family
- c. **Email:** Edisson@cwmfgf.org
- d. **Phone Number:** (954)557-1570

### 14. Recipient Contact Information:

- a. **Organization:** Community World Mission for God's Family
- b. **County:** Miami-Dade
- 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:** Vanessa Ferdinand-Charles
- e. **E-mail Address:** vanessa@cwmfgf.org
- f. **Phone Number:** (305)725-3057

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

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