1. **Title of Project:** Victory For Youth/Share Your Heart
2. **Senate Sponsor:** Rene Garcia
3. **Date of Submission:** 11/27/2017
4. **Project/Program Description:**
   Victory for Youth (VFY)/Share Your Heart (SYH) supports and provides food and supplies to individuals, seniors, children, victims of domestic violence and families in crisis or distress.
5. **State Agency Contacted?** Yes
   a. If yes, which state agency? Department of Children and Families
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>764,620</td>
<td></td>
<td>764,620</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>50,000</td>
<td>5.7%</td>
</tr>
<tr>
<td>Local</td>
<td>5,000</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other</td>
<td>50,000</td>
<td>5.7%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>105,000</td>
<td>12.0%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 869,620

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
   d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
   e. Complete the following Worksheet.
10. Is future-year funding likely to be requested?

Yes

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

$764,620

11. Program Performance:

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

The purpose for the funding is to: 1) Continue to support federal, state and local efforts in increasing family stability and decrease involvement in governmental systems by expanding on assistance to families in distress. 2) Train Community Emergency Response Teams (CERT) and establish a communication network to increase the emergency response capacity of the Miami-Dade Emergency Management Department in times of disaster. 3) Assist in increasing ACCESS centers.

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

These funds will assist us in: 1) expanding our reach to include handling additional referrals from our increasing number of partners with memorandums of understanding; 2) developing a communication network among our volunteers in our chaplaincy program and our CERT volunteers; 3) coordinating our volunteer chaplaincy and CERT programs; and 4) providing additional training for new and existing volunteers in the chaplaincy and CERT programs.

c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑Executive Director/Project Head Salary and Benefits</td>
<td>Salary and insurance benefits for Executive Director and a Project Manager to oversee the total operation of the</td>
<td>110,312</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Amount</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>☑ Other Salary and Benefits</td>
<td>Salary and insurance benefits for 2 operation managers (Miami-Dade) to oversee case managers; Warehouse Manager to manage part time warehouse clerks; Executive Assistant to manage office staff and PT Accountant</td>
<td>149,563</td>
</tr>
<tr>
<td>☑ Expense/Equipment/Travel/Supplies/Other</td>
<td>Expenses for office equipment, supplies, travel, liability insurance and payroll tax expense for managers</td>
<td>36,776</td>
</tr>
<tr>
<td>☑ Consultants/Contracted Services/Study</td>
<td>Accountant for audit and 990</td>
<td>10,000</td>
</tr>
</tbody>
</table>

**Operational Costs**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Salary and Benefits</td>
<td>Salaries and insurance benefits for 6 case managers to handle referrals; Volunteer coordinator to dispatch and train volunteers; and 3 part time warehouse clerks to assist with distribution of goods.</td>
<td>269,445</td>
</tr>
<tr>
<td>☑ Expense/Equipment/Travel/Supplies/Other</td>
<td>Expenses for advertising, transportation, equipment for storage facilities and staff, maintenance and repair, supplies for client referrals, telephone and Internet expenses.</td>
<td>178,524</td>
</tr>
<tr>
<td>☑ Consultants/Contracted Services/Study</td>
<td>Contract labor for special events and programs</td>
<td>10,000</td>
</tr>
</tbody>
</table>

**Fixed Capital Construction/Major Renovation**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Construction/Renovation/Land/Planning Engineering</td>
<td></td>
</tr>
</tbody>
</table>
d. **What are the direct services to be provided to citizens by the appropriations project?**

   Families and children will be provided with goods and services, including emotional and spiritual support in times of distress and/or disasters. CERT volunteers will assist government entities in times of disaster.

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

   Elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, developmentally disabled, physically disabled, students of all ages, victims of crime; and abused, abandoned and neglected children. We expect to serve over 30,000 people.

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

   Families and children will be provided with food and clothing - measured by dollar value of items distributed. Reduce the number of families with allegations of abuse or neglect who receive goods and services measured by DCF data on the number of families who have an allegation of abuse or neglect 6 months after receiving goods and services. Assist government agencies, families and children during disasters - measured by dollar value of distributed goods and services.

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?**

   Withhold payment until deliverables are met.

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.

   N/A

13. **Requestor Contact Information:**
   a. **Name:** Rolando Gonzalez
   b. **Organization:** Victory For Youth, Inc
   c. **Email:** rolyg@shareyourheart.us
   d. **Phone Number:** (786)286-4814

14. **Recipient Contact Information:**
   a. **Organization:** Victory For Youth, Inc
   b. **County:** Miami-Dade
   c. **Organization Type:**
      - [ ] For Profit
      - [x] Non Profit 501(c) (3)
      - [ ] Non Profit 501(c) (4)
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

☐ Local Entity
☐ University or College
☐ Other (Please specify)

d. Contact Name: Rolando Gonzalez
e. E-mail Address: rolyg@shareyourheart.us
f. Phone Number: (786)286-4814

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: None
   b. Firm: None
   c. Email:
   d. Phone Number: