



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Youth Crime Prevention Program

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

Youth Mentoring Program is designed to prevent crimes in the community.

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 Juvenile Justice

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
300,000		300,000

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	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 300,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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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:			

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?

Sports, Field Trip and Cultural Education.

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

Financial, Safety and Crime Prevention Education, GED, Job Preparation and Mentoring.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Training of Staff Salaries and Benefits	220,000
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Telephone, Internet, Insurance, Liability coverage, Transportation, Utilities and Miscellaneous	45,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Auditor, Advertising, Legal consultant and Management Fee	35,000
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Telephone, Internet, Insurance, Liability coverage, Transportation, Utilities and Miscellaneous	45,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		345,000

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

Youth Mentoring Program to prevent crimes in the community

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

51-100 Grade school students, High school students, University/college students, Currently or formerly incarcerated persons, Drug offenders (in criminal Justice), Victims of crime

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

Financial, Safety and Crime Prevention Education, GED, Job Preparation and Mentoring

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?

N/A

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:** Lorenzo Hall
- b. **Organization:** El-Beth-EL Development Center, Inc.
- c. **Email:** gospell75@aol.com
- d. **Phone Number:** (904)710-1586

14. Recipient Contact Information:

- a. **Organization:** El-Beth-EL Development Center, Inc.



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b. County: Duval

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: Lorenzo Hall

e. E-mail Address: gospell75@aol.com

f. Phone Number: (904)710-1586

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: