1. **Title of Project:** New Journey Youth Center After School Program Expansion

2. **Senate Sponsor:** Randolph Bracy

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**

After School Program

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:**

<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>60,000</td>
<td>15,000</td>
<td>75,000</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>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>50,000</td>
<td>34.5%</td>
</tr>
<tr>
<td>Other</td>
<td>20,000</td>
<td>13.8%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>70,000</td>
<td>48.3%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 145,000

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.
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

**Input Prior FY Appropriation for this project for FY 2017-18**

(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)

<table>
<thead>
<tr>
<th>Column:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
</tbody>
</table>

**Input Amounts:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

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

   Yes

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

   $60,000

11. Program Performance:

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

   The purpose is to provide salaries to our dedicated volunteers, improve our services and acquire land.

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

   Tutoring, STEM Robotics, College Tours, Photography, Music, Computer Graphics, Business Classes and Performing arts all for youth ages 12-19

   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>One director and one office assistant</td>
<td>25,000</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Upgrade office supplies</td>
<td>5,000</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Work with agency to enhance operations</td>
<td>5,000</td>
</tr>
</tbody>
</table>

   Operational Costs

Page 2 of 4
d. What are the direct services to be provided to citizens by the appropriations project?
   Life skills, financial empowerment, education and career development

e. Who is the target population served by this project? How many individuals are expected to be served?
   Youth ages 12-19 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?
   Youth and their families will be secure in setting and achieving goals to better their 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, standard penalties are acceptable.

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.
   Owner is the same as the entity requesting funds.

13. Requestor Contact Information:
   a. Name: Danyiel Yarbrough
   b. Organization: New Journey Youth Center, Inc.
   c. Email: danyielnjyc@gmail.com
   d. Phone Number: (407)970-9263

14. Recipient Contact Information:
   a. Organization: New Journey Youth Center, Inc.
   b. County: Orange
   c. Organization Type:
      ☐ For Profit
      ☑ Non Profit 501(c) (3)
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

☐ Non Profit 501(c) (4)
☐ Local Entity
☐ University or College
☐ Other (Please specify)

d. Contact Name: Danyiel Yarbrough
e. E-mail Address: danyielnyc@gmail.com
f. Phone Number: (407)970-9263

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