

- 1. Title of Project: <u>B.a.B-.</u> Brains and Beauty
- 2. Senate Sponsor: Daphne Campbell
- **3.** Date of Submission: <u>12/19/2017</u>
- 4. Project/Program Description: An all girls mentor program

5. State Agency Contacted? Yes

- a. If yes, which state agency? Department of Education
- 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:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
96,120		96,120

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

Туре	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): 96,120

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.

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



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

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

<u>Yes</u>

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

\$96,120

11. Program Performance:

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

<u>The purpose of this project is to provide mentoring to at risk girls ages 8-18 in Title 1 schools throughout</u> <u>Miami Dade County. The goals of this program are to empower girls to be self-confident, teach them practical</u> <u>life skills that they can utilize and apply to ever day life situations, and encourage them to be role models for</u> <u>their peers and leaders in their communities.</u>

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

Weekly mentoring, homework help, grade monitoring and service learning activities.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☑Executive Director/Project Head Salary and Benefits	Salary, Payroll Taxes and benefits linked to senior leadership of the project. Senior leadership will engage in communication with Florida Department of Education (DOE) regarding contractual negotiation, project monitoring, quality control, as	41,600



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	well as, facilitate program	
	compliance to ensure contract terms and service goals are	
	accomplished.	
	accomplished.	
Other Salary and Benefits		
☑Expense/Equipment/Travel/Supplies/Other	Local Mileage and Travel:	1,700
	Travel is necessary to conduct	
	quality and monitoring visits to	
	B.a.B. sites to verify program	
	compliance with standards.	
	Postage/Shipping: Shipping of	
	monthly invoices with	
	substantiation of the service	
	delivery and mentor meetings.	
	Site Leader Training A portion	
	of the liability insurance cost	
	for program administration.	
☑Consultants/Contracted Services/Study	An independent audit firm will	500
	conduct a financial audit and	
	prepare a Single Audit Report	
	as required under the Florida	
	Single Audit Act. A portion of	
	the audit will be allocated to	
	the administrative costs of the	
	B.a.B. program	
Operational Costs		
☑Salary and Benefits	stipends for an estimated 10-	20,000
	part time mentors providing	
	direct support and contact	
	services to girls in the B.a.B.	
	program.	
☑ Expense/Equipment/Travel/Supplies/Other	Program materials and	30,820
	supplies provided to the girls	
	and mentors for direct	
	program delivery. Annual	
	Induction CeremonyMind	
	Body & Soul PicnicTime for Tea	



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	ConferenceGraduation Uniform for participantsHealthy SnacksTransportation between local schools and service learning activities.Liability Insurance: The allocated amount per youth for liability insurance coverage.	
☑Consultants/Contracted Services/Study	Background screening of volunteer mentors and in direct contact with girls in the B.a.B. program.	1,500
Fixed Capital Construction/Major Renovation		
□Construction/Renovation/Land/Planning Engineering		
TOTAL		96,120

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

Mentoring, Home work Help

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

At-risk youth, Grade school youth, High school youth

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

Improve quality of education Goal: To improve participant's academic performance in the classroom. Participants will show a marked improvement in the classes where they are struggling as a result of them receiving the additional tutoring and study skill/test taking techniques taught to them. participants will remain in school. Eligible high school seniors will graduate on time. participant's will be promoted to the next grade level. 9participants will improve decision-making life and coping skills. eligible seniors will enroll in postsecondary education. Pre/post- surveys and student data: (test scores, start/withdrawal dates, absences, suspensions, GPA changes, grade promotion, and graduation status) are used to measure these outcomes. Increase or improve economic activity. Increasing quality of education and access to future labor pool increases probability of local economic activity. Benefit is long term in nature and should produce an increase in economic activity.



- 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. None
- 13. Requestor Contact Information:
 - a. Name: Kofo Odediran
 - b. Organization: <u>.a.B. Brains and Beauty Girls Club Inc.</u>
 - c. Email: <u>babsmiami@gmail.com</u>
 - d. Phone Number: (786)344-3237

14. Recipient Contact Information:

- a. Organization: Kofo Odediran
- b. County: Miami-Dade
- c. Organization Type:
 - O For Profit
 - ⊙ Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Entity
 - O University or College
 - O Other (Please specify)
- d. Contact Name: Kofo Odediran
- e. E-mail Address: babsmiami@gmail.com
- f. Phone Number: (786)344-3237

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

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