



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Jesus Christ Arch Angels Liberty Square Sports, Education, Job, & Wellness Program

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

Sports, Education, Job Wellness Program for at risk youth.

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
1,235,000	40,000	1,275,000

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):** 1,275,000

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) 1

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.



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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:		200,000	200,000

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

Yes

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

\$3-10 Million

11. Program Performance:

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

Providing services for the people in and around the community. Giving Children the opportunity to improve their Education, become Physically fit, and find Jobs.

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

Serving mostly Teenagers and Youth Adults around the Community by providing them opportunities to employ themselves with Jobs such as supervising Children, and maintenance around the Community.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Program Director \$75,000 and Program Supervisor \$65,000	140,000
<input checked="" type="checkbox"/> Other Salary and Benefits	12 Rec Aids \$15,000 Per Year	180,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Office Supplies: Computers, Fax Machine, Copy Machine, Internet, Papers, Ink, Staff, Uniforms	55,000



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<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	One Consultant	35,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Three Certified Teachers \$45,000 each; Program Insurance \$25,000	160,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Two van transportation \$15,000 each; Field Trips and Food Program \$35,000	65,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Accountant \$40,000; Maintenance \$25,000; Secretary \$35,000; Off the Streets and Onto a Youth Program (500 Kids at \$1000 Per Child)	600,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Planting Trees and Beautifying Program	40,000
TOTAL		1,275,000

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

We will apply our services by creating a program called "Off the Streets and onto a Job" program. Provide Nutritious Meals, Employment, Field Trips, Sports, Tutoring, also Afterschool Tutoring.

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

Jobless individuals, At-risk youth, Homeless, Drug Users (in health services), Grade School Students, High School Students, University/College Students, Currently or formerly incarcerated individuals, general. 401-800

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

Improve physical health, improve quality of health, increase or improve economic activity, create specific immediate job opportunities, enhance specific individuals economic self sufficiency

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?

Goals and objective will be monitored in order to show that our performance is satisfactory. If for some reason our performance is not satisfactory we will return the funds that were provided to us.



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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:** Harry Reese
- b. **Organization:** Jesus Christ Arch Angels Liberty Square Sports, Education, Job, & Wellness Program
- c. **Email:** harryreese949@gmail.com
- d. **Phone Number:** (786)985-9684

14. Recipient Contact Information:

- a. **Organization:** Jesus Christ Arch Angels Liberty Square Sports, Education, Job, & Wellness Program
- 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:** Harry Reese
- e. **E-mail Address:** harryreese949@gmail.com
- f. **Phone Number:** (786)985-9684

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

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