



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1135

1. **Project Title** Florida Children's Initiative Health and Wellness2. **Senate Sponsor** Jason Pizzo3. **Date of Request** 10/31/20194. **Project/Program Description**

To support at-risk children and families in disadvantaged communities in Jacksonville, Orlando, Liberty City, Overtown, and Sulphur Springs, addressing critical needs using a proven cradle to career strategy.

5. **State Agency to receive requested funds** Department of HealthState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	000
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1000000	13.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	6,600,000	87 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	7,600,000	100 %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 1,000,000



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Subcontract with each of the six Florida Children's Initiatives	1,000,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,000,000



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11. Program Performance

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

Increase the number of children engaged in health and wellness programs.
Increase the number of children involved in physical fitness activities.
Reduce the childhood obesity rate.

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

Engage children in robust fitness activities including year-round comprehensive athletics programs. Provide nutrition and healthy cooking lessons. Increase access to healthy meals.

c. What direct services will be provided to citizens by the appropriation project?

Engaging children and their families in physical fitness programs. Providing nutrition education and healthy cooking lessons to children and families. Expanding community gardening in the neighborhoods.

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

At-risk children and families in disadvantaged neighborhoods.

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

Improved life outcomes; employment; post-secondary education and reduced criminal involvement.

f. 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 adequate.



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12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☒ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.