

LFIR # 2290

. Project Title				
	Second Chance Program - 3rd	d Judicial Circuit		
. Senate Sponsor	Corey Simon			
. Date of Request	02/27/2023			
Project/Program De	scription			
individuals with soft-s	e Program is a program with two skill training that increases emplourship development and resources.	oyability across various indu	istries and professiói	ns, while al
. State Agency to rec	eive requested funds De	epartment of Corrections		
State Agency conta	•	<u></u>		
	ecurring Request for Fiscal Ye	oar 2023-2024		
	eculting Request for Fiscal Te			
Type of Funding Operations		Amo	350,000	
Fixed Capital Outlay			350,000	
Total State Funds F	Paguastad		350,000	
Total Otale I ulius I	icquesicu		330,000	
Total Project Cost for	or Fiscal Year 2023-2024 (inclu	uding matching funds avai	lable for this projec	et)
Type of Funding		Amount	Percentage	
	equested (from question #6)	350,000	100%	
Matching Funds				
Federal		0	0%	
State (excluding the	amount of this request)	0	0%	
Local		0	0%	
Other		0	0%	
Total Project Costs	for Fiscal Year 2023-2024	350,000	100%	
. Has this project pre	eviously received state funding	q? No		
	,	Specific	Vetoed	
Figural Voor	Amount	A	veloed	
Fiscal Year (yyyy-yy)	Recurring Monrecur			
Fiscal Year (уууу-уу)	Recurring Nonrecur	ring appropriate		
	Recurring Nonrecur	ring Tre-Tre-Tre-Tre-Tre-Tre-Tre-Tre-Tre-Tre-		
(уууу-уу)	Recurring Nonrecurrely to be requested?	No		
(yyyy-yy) Is future funding lik	ely to be requested?	Ting		
(yyyy-yy) Is future funding lik a. If yes, indicate no	ely to be requested?	No		
(yyyy-yy) Is future funding lik a. If yes, indicate no	ely to be requested?	No		
(yyyy-yy) Is future funding lik a. If yes, indicate no	ely to be requested?	No		
(yyyy-yy) Is future funding lik a. If yes, indicate no	ely to be requested? onrecurring amount per year. irce of funding that can be use	No No ed in lieu of state funding.		
(yyyy-yy) Is future funding lik a. If yes, indicate no	ely to be requested?	No No ed in lieu of state funding.	ted to the COVID-19) pandemi
(yyyy-yy) Is future funding lik a. If yes, indicate no b. Describe the sou	ely to be requested? onrecurring amount per year. irce of funding that can be use	No No ed in lieu of state funding.	ted to the COVID-19) pandemi



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Complete questions 11	and 12 for Fixed	Capital Outlay Projects	

Status of Construction	
a. What is the current phase of the project?	
OPlanning ODesign OConstruction	
b. Is the project "shovel ready" (i.e permitted)?	
c. What is the estimated start date of construction?	
d. What is the estimated completion date of construction?	
List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the entire transfer of the facility to receive, directly or indirectly and the entire transfer of the facility to receive, directly or indirectly and the entire transfer of the facility to receive, directly or indirectly and the entire transfer of the facility and the entire transfer of the enti	

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Direct oversight of product or service development, ensuring that there are efficient processes to use. Directly responsible for the day-to-day operational challenges, managing direct reports, with hire/fire capabilities, develop, manage, policies and programs that lead the company toward its vision and mission.	50,000
Other Salary and Benefits	Hire a Deputy Executive Director. Will prepare the annual business plan for the corporation. Monitoring the budget, to ensure that each step toward the mission of the program can be achieved in the most expedient manner possible. Review metrics and make changes, as needed, to ensure that all objectives are met. Provide leadership/management while handling internal operations.	30,000
Expense/Equipment/Travel/Supplies/ Other	Staff Travel to the counties in the judicial circuit, office supplies.	6,000
Consultants/Contracted Services/Study	Hiring of outside consulting firm. Perform work for—or provide services to—entity as a nonemployee.	25,603
Operational Costs: Other		
Salary and Benefits	1 full time Admin/Intake Coordinator, 1 full time Career Coach/Program Manager, 1 full time Case Manager, and 1 full Community Marketing Specialist	120,760
Expense/Equipment/Travel/Supplies/ Other	Participant Educational Materials, Consumable Program Materials, Group Outings for trainings/conferences, transportation for offender participants. Office expenses such as utilities, and telecommunications.	100,637
Consultants/Contracted Services/Study	Outside contracted legal and audit work to track and comply with all relevant local, state, and federal statutes and regulations. Purchase of a general liability insurance policy.	17,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0



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	Total State Funds Requested	(must equal total from o	question #6)	350,000
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14. Program Performance

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

Our evidence-based solution resolves failed reentry by helping individuals to understand the importance of investing in themselves by building valuable skills and improving their personal road maps to opening a small business, or jump starting their careers through education in soft skills, thus reducing interpersonal conflict, and empowering them to lead nonviolent lives.

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

Case Management, hands-on training, counseling, mentoring, job training, administrative support, school guidance curriculum, individual student planning, career readiness, purchasing equipment and other items, technological training.

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

Case Management, hands-on training, counseling, mentoring, job training, administrative support, school guidance curriculum, individual student planning, career readiness, purchasing equipment and other items, technological training.

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

Jobless Persons, Economically Disadvantaged Person, Formerly Incarcerated Individuals, Individuals with substance abuse/dependencies. The program will serve approximately 200-400 individuals annually.

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

The following outcomes are expected from this project:

- 1. Reduce the overall recidivism rate of total program participants by approximately 5%
- Reduce the recidivism rate of total program participants who complete the program by 15%
 Generate approximate savings of up to approximately \$4,000,000 to the FY 2023-2024 Department of Corrections Budget

The methodology used to evaluate these benefits will be a hybrid quantitative cost-benefit analysis that tracks total enrollment in the program, the re-incarceration rates of program enrollees, the re-incarceration rate of participants who complete the program, the employability rate of participants who complete the program, and the number of businesses created by participants who complete the program.

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 the contract?

Repayment of funds to the state on a pro	o-rated basis	

15.	Reques	ter Contact	t Inf	formation
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a. First Name	Dr. Cheryl	Last Name	White
b. Organization	Family In Distress, Inc		
c. E-mail Address	fidcares@gmail.com		
d Phone Number	(954)709-3411	Fxt	

16. Recipient Contact Information

a. Organization	Family In Distress, Inc		
b. Municipality and	County	Madison	

c. Organization Type



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□For Profit Entity							
☑Non Profit 501(c	☑Non Profit 501(c)(3)						
□Non Profit 501(c	2)(4)						
□Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Dr. Cheryl	Last Name	White				
e. E-mail Address	fidcares@gmail.com						
f. Phone Number	(954)709-3411						
17. Lobbyist Contact I	nformation						
a. Name	Daniel Sohn						
b. Firm Name	Floridian Group, LLC.						
c. E-mail Address	daniel@flagroupllc.com						
d. Phone Number	(954)243-4705						