

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 3181

3. Date of Request 03/20/2023 4. Project/Program Description Create an environment where education, sport, and leadership are interconnected to a world of his Bring children ages 6 through 17 as world citizens to promote hope through soccer. 5. State Agency to receive requested funds State Agency contacted? No 6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024 Type of Funding Operations Fixed Capital Outlay Total State Funds Requested Type of Funding Amount Percentage Total State Funds Requested (from question #6) 157,000 Matching Funds Federal O 00 State (excluding the amount of this request) Octher Total Project Costs for Fiscal Year 2023-2024 157,000 State (excluding the amount of this request) Octher Total Project Costs for Fiscal Year 2023-2024 157,000 1006 Matching Funds Federal O 006 State (excluding the amount of this request) No Total Project Costs for Fiscal Year 2023-2024 157,000 1007 Total Project Costs for Fiscal Year 2023-2024 157,000 1006 3. Has this project previously received state funding? No Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding.						
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State (excluding the amount of this request) Local Other Total Project Costs for Fiscal Year 2023-2024 B. Has this project previously received state funding? Fiscal Year (yyyyy-yy) Recurring No Specific Appropriation # Specific Appropriation # Appropriation # Specific Appropriation # Specifi	Total State Funds Re	quested (from que	estion #6)		157,000	100%
State (excluding the amount of this request) Local Other Other Total Project Costs for Fiscal Year 2023-2024 Because Amount Recurring No Specific Appropriation # Other No Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding.	Matching Funds					
Local O October	Federal				0	0%
Other Total Project Costs for Fiscal Year 2023-2024 157,000 1006 B. Has this project previously received state funding? No Fiscal Year Amount Specific Appropriation # Proposition Project Previously Recurring Nonrecurring Nonrecurrin	State (excluding the amount of this request)				0	0%
Total Project Costs for Fiscal Year 2023-2024 3. Has this project previously received state funding? Fiscal Year	Local				0	0%
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Fiscal Year (yyyy-yy) Recurring Nonrecurring Specific Appropriation # O. Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding. 10. Has the entity requesting this project received any federal assistance related to the COVID No	Total Project Costs	for Fiscal Year 20)23-2024		157,000	100%
a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding. 10. Has the entity requesting this project received any federal assistance related to the COVI	Fiscal Year	Amo	ount	-	Specific	Vetoed
a. If yes, indicate nonrecurring amount per year. b. Describe the source of funding that can be used in lieu of state funding. 10. Has the entity requesting this project received any federal assistance related to the COVI						
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No	- '	_		d in li	eu of state funding	
If yes, indicate the amount of funds received and what the funds were used for.	No					



11. Status of Construction

a. What is the current phase of the project?

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Complete questions 11 and 12 for Fixed Capital Outlay Projects

	OPlanning ODesign	Construction	
	b. Is the project "shovel ready"	(i.e permitted)?	
	c. What is the estimated start da	ate of construction?	
	d. What is the estimated comple	etion date of construction?	
	List the owners of the facility t	to receive, directly or indirectly, any fixed capital outlay funding.	Include the
ı	. Details on how the requested s	•	
	Spending Category	Description	Amount
	Administrative Costs: Executive Director/Project Head Salary and Benefits	Executive Director's Salary	45,000
	Other Salary and Benefits	Staff Salary	50,000
	Expense/Equipment/Travel/Supplies/ Other		55,000
	Consultants/Contracted Services/Study		(
	Operational Costs: Other		
	Salary and Benefits		(
	Expense/Equipment/Travel/Supplies/ Other	Field & fees	7,000
	Consultants/Contracted Services/Study		(
	Fixed Capital Construction/Major	or Renovation:	
	Construction/Renovation/Land/ Planning Engineering		(
	Total State Funds Requested (n	nust equal total from question #6)	157,000
14.	. Program Performance a. What specific purpose or go	oal will be achieved by the funds requested?	
	Bring children ages 6 through 1	7 as world citizens to promote hope through soccer.	
		s will be provided to meet the intended purpose of these funds?	
	Eclair FC will provide soccer tra	aining, equipment, and transportation to its participants/players.	
	c. What direct services will be	provided to citizens by the appropriation project?	

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

By participating in this program, our players will be encouraged to build a strong community not only through the spirit of teaming on the field, but also in their communities in which they live, work and play.



d. Phone Number

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At risk youth.								
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?								
Outcome will include and not be limited to exercise, skill building, and endurance. Building strong minded children with leadership skills which should help face life reality, Eclair strongly believes that by promoting leadership skills/character, will save a few from the criminal justice system to be evaluated via quarterly evaluation.								
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?								
The penalty for failing to meet deliverables or performance measures should be not renewing the funds for the following fiscal year.								
15. Requester Contact Information								
a. First Name Jean Last Name Dorcelien								
b. Organization ECLAIR FC								
c. E-mail Address jdorcelien@eclairfc.org								
d. Phone Number (561)494-4461 Ext.								
16. Recipient Contact Information								
a. Organization ECLAIR FC								
b. Municipality and County Miami-Dade								
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 Jean Last Name Dorcelien								
e. E-mail Address jdorcelien@eclairfc.org								
f. Phone Number (561)494-4461								
17. Lobbyist Contact Information								
a. Name None								
b. Firm Name None								
c. E-mail Address								