



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3182

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Youth of Valor Empowerment (YOVE) is determined to effectively empower, mentor, and develop at risk teenage girls who come from underprivileged communities and who are attending public schools to get them college ready and career focused by beginning to equip them from 9 to 12 grades to helping them achieving a greater impact with no high school drop-out, no early teen pregnancy, nor homelessness, or human trafficking. The Youth of Valor Empowerment is considered to be one of the top mentorship programs.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	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	300,000	100%

8. **Has this project previously received state funding?**

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

9. **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-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

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?

12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	The Project Head is responsible for Program Management activities across the organization with the objective of creating and implementing best practice within the organization, vision, strategy, policies, processes, and procedures to aid and improve the organization's performance.	80,000
Other Salary and Benefits	The Administrative Assistant + fringe benefits/responsible for carrying out the day-to-day organizational tasks and facilitating efficient communication across the entire organization to include connecting with volunteers.	50,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Assistant Program Coordinator will be responsible for expanding the outreach and engagement between the at risk girls program by tracking, engaging, and supporting the program participants as they move into education/professional/technical/military training and enter the workforce. Follow through on their life plans to stay on track in order to help them stay on course.	35,000
Expense/Equipment/Travel/Supplies/Other	For the purchase of software application tools to keep track of the at risk girls program, alumni, for the Y.O.V.E. program and staff. Payroll, special video software for showcasing student success and progress, for office occupancy cost, custom uniforms, marketing, computers/software to expand engagement among students, mentors, and the public school.	55,000
Consultants/Contracted Services/Study	Consultants Services/audit services, evaluation/grant services	80,000
Fixed Capital Construction/Major Renovation:		



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Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		300,000

14. Program Performance

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

The Youth of Valor Empowerment (YOVE) program builds leadership skills and character traits in the girls, such as honesty, personal accountability, learning to listen to the viewpoints of others, developing clear communication skills, critical thinking about their lives, the choices they make, and sound decision making. Through goal settings, the YOVE girls work on reaching tangible goals like boost.

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

The YOVE Program provides continuous coaching to effectively develop the girls self-esteem, help to equip them by monitoring their progress report. In addition, works closely with the girls to develop their full potential in order to help them succeed and to achieve their goals by providing counseling and advocacy where they need it the most in their core academic content area.

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

Improve physical health, improve quality of education, enhance specific individual's economic self sufficiency.

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

At risk teenage girls in high school.

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

Improved physical health, quality of education, and enhanced specific economic self sufficiency.

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 Circle of Love Empowers Women And Girls, Inc. will pay the State reimbursement.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)



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- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number