



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2712

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Enhancement of the juvenile diversion program that will increase capacity and quality of services for participants as well as provide a community hub to increase preventive services for at risk youth and to mitigate negative impacts to the family unit. The Program includes delinquency prevention interventions, career exploration activities, parenting workshops, tutoring, opportunities for vocational /job skills, food distribution, as well as family support services and out of school activities.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	450,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>450,000</b>

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)	450,000	32%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	186,000	13%
Local	0	0%
Other	787,435	55%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,423,435</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	400,000	1185	No

9. Is future funding likely to be requested?  Yes

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?

Yes



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

9,162 for Paycheck Protection Program (PPP)

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Salary and benefits for 1 Executive Director	44,530
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Administrative supplies, equipment, and travel	6,441
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salary and benefits for direct care staff	280,359
Expense/Equipment/Travel/Supplies/Other	Provide delinquency prevention services, tutoring /academic enrichment programs, career exploration/vocational activities, parenting education (child development and teaching of social and emotional regulation), building resiliency, meal distribution, and parent support groups.	118,670
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>450,000</b>

### 14. Program Performance

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



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

Provide tangible resources to support families in need. These resources will include but not limited to food, clothing and diapers to families in need. Provide family support services, like parenting classes, financial counseling, vocational training and more to support family preservation/stability. Provide evidence-based juvenile delinquency intervention to mitigate delinquency in at-risk youth.

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

Provide tangible resources to support families in need. These resources will include but not limited to food, clothing and diapers to families in need. Provide family support services, like parenting classes, financial counseling, vocational training and more to support family preservation/stability. Provide evidence-based juvenile delinquency intervention to mitigate delinquency in at-risk youth.

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

Persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, preschool students, grade school students, high school students, university/college students, currently or formerly incarcerated persons, and juvenile diversion participants and their families/caregivers.

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

Create specific immediate job opportunities-Individualized service planning goals as evidenced by progress of activity. Reduce recidivism-Tracking via DJJ and Law Enforcement reports and documented internally via database. Divert from Criminal/Juvenile justice system-Tracked via internal documentation of individualized service plans. Family/Parent Engagement-Tracking via internal documentation via service planning.

**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

**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**