

LFIR # 2948

1. Project Title The Center for Virtual and Community Advancement (CVCA)

2. Senate Sponsor Ana Maria Rodriguez

3. Date of Request 03/09/2023

4. Project/Program Description

CVCA is a comprehensive afterschool program that offers services to 75 youth participants. Our program will be offered during the times when children are most at risk, which is when schools are closed. Our program is offered free of charge and will be comprised of the following: Physical Fitness, Technology, Music, Dance, and Tutoring.

5. State Agency to receive requested funds

Department of Education

State Agency contacted? No

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

Type of Funding	Amount
Operations	301,250
Fixed Capital Outlay	0
Total State Funds Requested	301,250

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)	301,250	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	301,250	100%

8. Has this project previously received state funding? No

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9. Is future funding likely to be requested?

200,000)

Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

CVCA has an existing partnership with The Children's Trust and The City of Florida City that will allot for funding for our afterschool and summer camp program.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No

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?

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?
- 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	Salaries will be used to hire two Executive Directors who will ensure that goals of the project are followed through. Each Executive will be paid \$31,500 annually.	63,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Rent \$4000 monthly, Utilities \$300 monthly, Business Insurance \$2000 annually, Internet \$1200 annually, and one 2015 Chevrolet Van purchased from Enterprise for \$18500, which will be used to safely transport families to and from the program. We will also need (10) Inspiron 24 5000 All-In-One Desktop Computer for student usage at \$599.99. (1) Epson Eco Tank Pro ET-5170C11C188201 Inkjet All- In-One	79,850
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salary will be used to hire the following: (1) Program Director at \$25 per hour, (1) Lead Teacher at \$20 per hour, (4) Teacher Assistants at \$15 per hour, (1) Dance Instructor, (1) Music Instructor, (1) Technology Instructor, (1) Custodian/Cafeteria Worker, all at \$15 per hour.	158,400
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	301,250

14. Program Performance



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

This technology project will allow 75 disadvantaged families to have internet access from our facility. Our program will also enhance the technology awareness for our 75 families.

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

The following activites will be provided: Physical Fitness, Tutoring, Technology, Music, and Dance.

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

Summer camp program will be provided.

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

The target population will include 75 at risk youth from Southwest Miami Dade community. This will consist of grade school children ranging from K-12.

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

Regular physical activities help develop a child's fundamental movement skills. In addition to helping maintain a healthy body weight, physical activity can help build healthy bones, muscles, heart, and lungs. We will record the child's weight and height and compare it to the body mass index chart. We will also implement 1 hour of physical education each day.

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?

Funding will be withheld until corrective action is completed.

15. Requester Contact Information

a. First Name	Cathy	Last Name Berry
b. Organization	The Center for Virtual and Community Advancement	
c. E-mail Address	ceb713@hotmail.com	
d. Phone Number	(305)302-2770	Ext.

16. Recipient Contact Information

a. Organization The Center for Virtual and Community Advancement

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)



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d. First Name	Keena	Last Name	Middlebrooks Benjamin
e. E-mail Address	virtualadvancement@gma	ail.com	
f. Phone Number	(786)259-7106		

17. Lobbyist Contact Information

a. Name	None
b. Firm Name	
c. E-mail Address	
d. Phone Number	