



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Youth for Haiti 1084

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/02/2017

4. **Project/Program Description:**

A program that empowers the youth with a food outreach program attached

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Environmental Protection

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
20,000		20,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 20,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

20,000

11. Program Performance:

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

Youth for Haiti's goal is to provide 1,000 less fortunate young students with the necessary supplies for school and to provide food for their families multiple times throughout the year.

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

We will use our semi-annual charity events as a tool to reach out to the desired amount of children.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel	3,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Food, school supplies, transportation cost, equipment needed for each charity event.	15,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		18,000

d. What are the direct services to be provided to citizens by the appropriations project?

Our organization intends to use part of the funds to feed the homeless multiple times throughout the year.

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

Impoverished, or less fortunate children both in the United States and also in Haiti.

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

The organization's expected outcome is to assist and aid in our intended goal. We plan to records of each individual attending our charity events.

g. 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 in the contract?

N/A

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Guivelore Llabbe
- b. **Organization:** Youth for Haiti 1804
- c. **Email:** Guivelorelabbe93@gmail.com
- d. **Phone Number:** (561)202-4876

14. Recipient Contact Information:

- a. **Organization:** Youth for Haiti 1804
- b. **County:** Palm Beach
- c. **Organization Type:**



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- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Benissa Chery

e. E-mail Address: youthforhaiti1804@gmail.com

f. Phone Number: (239)634-0423

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number:

16. Have you applied for alternative state funding?

- Wastewater Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (Please describe)
- N/A

17. What is the population economic status?

- Financially Disadvantaged Community (ch. 62-552, F.A.C)
- Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- Rural Area of Economic Concern
- Rural Area of Opportunity (s. 288-0656, Florida Statutes)
- N/A

18. What is the status of construction?

N/A

19. What percentage of construction has been completed?

N/A



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20. What is the estimated completion date of construction?

N/A