



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Youth Enhancement near Fort Lauderdale area

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/16/2017

4. **Project/Program Description:**

Support undeserved children from 12 to 18 to become great citizen

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

Department of Education

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
260,000	56,000	316,000

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):** 316,000

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.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (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.

56,000

11. Program Performance:

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

All kids in the program will earn better score and become great citizen

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

tutoring, mentoring, and extra curricular activities

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Project Head and salary and benefits	108,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Tutor, mentor, psychiatric	18,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Curriculum and extra curricular activities	134,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Renovation	56,000
TOTAL		316,000

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

Tutoring, mentoring and extra curricular activities for 25+ kids

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

Kids from 12 to 18 in the Fort Lauderdale Area

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

Benefits - Brain. Bueno, Bon, Better citizen

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?

Terminate the contract

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.

\$2,000 monthly rental

13. Requestor Contact Information:

- a. **Name:** Immanuel Berrouet
- b. **Organization:** Marguerite Compassion Community
- c. **Email:** CompassionCommunity1@gmail.com
- d. **Phone Number:** (754)971-1724

14. Recipient Contact Information:

- a. **Organization:** Marguerite Compassion Community
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Immanuel Berrouet

e. E-mail Address: CompassionCommunity1@gmail.com

f. Phone Number: (754)971-1724

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: