



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Wayman Community Development At-Risk Services Program

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/20/2017

4. **Project/Program Description:**

The funding will be used to provide a faith-based life changing family services program to at-risk youth in the highest juvenile crime areas of Duval.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Juvenile Justice

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
150,000		150,000

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	125,000	45.5%
TOTAL	125,000	45.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 275,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

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:		150,000	150,000

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

No

11. Program Performance:

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

WCDC is requesting \$150,000 in state funding to continue expanding its services in Duval County by hiring additional full-time and part-time counselors to at-risk youth in the community. Funds from this program will be used to reduce criminal activities among at-risk youth in Duval County by serving the nearly 30,000 juveniles and children living within Eureka Gardens, West Jacksonville, Normandy Village, Ceder Hills and Murray Hill community.

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

The funding will be used to provide a faith-based life changing family services program to at-risk youth in the highest juvenile crime areas of Duval.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	These funds will be used as a portion of the Executive Director's salary and the full salary of the Program Manager who will direct efforts for Wayman Community Development At-Risk Youth Program	48,000



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	These funds will be used to hire additional full-time and part-time Mental Health Counselors who will work directly with the Wayman Community Development At-Risk Services Program	93,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	These funds will be used to provide youth incentives, cover program expenses and providing recreational supplies.	9,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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

Individual, group and family focused counseling; Crisis intervention counseling; Parent training; Community based mental health services; Substance Abuse Education; Prevention and Diversion Services; Social Skills Training; Vocational and Job Training Services; and Recreational Services.

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

Economically disadvantaged persons, at-risk youth, grade school students

f. 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 by hiring additional full-time and part-time mental health counselors, WCDC will be able to effectively address and evaluate at-risk youth in high-crime areas of Duval



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County. Mental Health Counselors will evaluate and report information to the Dept. of Juvenile Justice as an effort to combat future crime from at-risk youth in Duval County. Reduce substance abuse by having the Executive Director, Program Manager and Mental Health Counselors focus on reducing and eliminating the use of illegal drugs by at-risk youth in Duval county. Wayman Community Development staff will report and develop techniques with the Dept of Juvenile Justice to reduce substance abuse use by at-risk youth. Divert from Criminal/Juvenile Justice System- Wayman Community Development Corporation program will focus on reducing the number of children charged and entering the juvenile justice system by expanding services while working with the Duval County Sheriff..

- 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?**

Removed from state agency vendors for at-risk youth services for two years, or until all promised deliverables/performance measures are attained.

- 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.**

None

- 13. Requestor Contact Information:**

- a. Name:** Mark Griffin
- b. Organization:** Wayman Community Development Corporation
- c. Email:** mgriffin@wayman.org
- d. Phone Number:** (904)693-1170

- 14. Recipient Contact Information:**

- a. Organization:** Wayman Community Development Corporation
- b. County:** Duval
- c. Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. Contact Name:** Mark Griffin
- e. E-mail Address:** mgriffin@wayman.org
- f. Phone Number:** (904)693-1170

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

- a. Name:** Phillip Singleton
- b. Firm:** Singleton Consulting



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c. Email: phillip@phillipsingleton.com

d. Phone Number: (678)801-6283