



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Mourning Family Foundation, Inc.

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 01/04/2018

4. **Project/Program Description:**

Youth Development: Programs engage in the constant provision of services to underprivileged youth through mentoring, bi-monthly workshops, in - and-after school services providing academic support, enrichment, recreational, STEM and exposure activities.

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
1,000,000		1,000,000

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	700,000	25.9%
Other	1,000,000	37.0%
TOTAL	1,700,000	62.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,700,000

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) 5

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:		500,000	500,000

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

Yes

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

\$1,000,000.00

11. Program Performance:

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

Mourning Family Foundation aims to more effectively serve the youth of Miami- Dade County by expanding its college readiness programming to serve more youth, include more intensive career exploration, improve student achievement and make a greater impact by beginning the college preparation process earlier

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

In- school service coordinators provide individual case management – daily monitoring, counseling, advocacy, case notes completion. Student report cards are collected from the Miami- Dade County Public Schools to monitor the progress of the students in Reading, Math and Science content areas. The Individual Success Plan (ISP) is for goal- setting and career planning 4 times per year. College & Career Readiness workshops are provided on a weekly basis to engage high school students in their preparation for the next level.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Grant Compliance Officer, Program Managers	178,667



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Professional Development Training, Travel and Supplies	14,088
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Audit Services	9,675
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Program Coordinators, Certified Teachers, Enrichment Instructors, Parent Coordinators	434,477
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Program office & supplies, >5% of program occupancy costs, Transportation and expenses related to college preparatory activities, including college tours	310,880
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracts for academic support and enrichment activities, including Talent 4 change, Dibia, Nutty Scientist, College Prep Program, External evaluator	52,213
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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

Mentoring, bi-monthly workshops, in - and-after school services providing academic support, enrichment, recreational, STEM and exposure activities.

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

At- risk youth, Grade school student and High School students

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



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That students will gain skills to become employable and be prepared to successfully transition to college and/or trade school. This will be measured by report cards, college acceptances award to students.

- 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?**

The Grant Compliance officer shall periodically review the progress made on activities and specified deliverables. If the program fails to meet and comply with the minimum performance level established in the agreement, the Grant Compliance Officer will provide a written explanation of the lack of attendance and include strategies to meet the proposed number of students and activities. Thereafter, reductions shall apply in accordance with deficiencies outlined.

- 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:** Bill Diggs
- b. **Organization:** Mourning Family Foundation, Inc.
- c. **Email:** bdiggs@mourningfamilyfoundation.org
- d. **Phone Number:** (305)476-0095

- 14. Recipient Contact Information:**

- a. **Organization:** Mourning Family Foundation, Inc.
- b. **County:** Miami-Dade
- 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:** Bill Diggs
- e. **E-mail Address:** bdiggs@mourningfamilyfoundation.org
- f. **Phone Number:** (305)476-0095

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

- a. **Name:** Ronald L. Book
- b. **Firm:** Ronald L. Book, P.A
- c. **Email:** ron@rlbookpa.com
- d. **Phone Number:** (850)224-3427