



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** HANDY Scholars Program

2. **Senate Sponsor:** Gary Farmer

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

The purpose of the request is to support ongoing academic services, post-secondary education linkage and scholarships for at-risk youth attending college in Florida. The HANDY Scholars Program provides youth post-secondary education financial and personal support and includes: Education case management throughout the youth's post-secondary education, emergency assistance for food, rent, utilities, clothing, and tuition to attend technical college/certificate programs.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Economic Opportunity

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
125,000		125,000

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):** 125,000

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



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No  
 e. Complete the following Worksheet.

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:		125,000	125,000

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

Yes

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

\$125,000

**11. Program Performance:**

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

The purpose of the request is to support ongoing academic services, post-secondary education linkage, and scholarships for at-risk youth attending college in Florida. The HANDY Scholars Program provides youth post-secondary education financial and personal support and includes education case management throughout youth's post-secondary education, emergency assistance for food, rent, utilities, clothing, and tuition to attend technical college/certificate programs.

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

Comprehensive educational case management, scholarships, college housing, books, supplies and more.

- 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 type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Scholarship and Education Staff	62,500
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel: Travel for staff to transport clients to college and to conduct college visits to check on youth. Scholarships: Books and housing; move-in costs for clients going to colleges throughout the state.	62,500
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		125,000

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

Comprehensive educational case management, scholarships, college housing, books, supplies and more. Moreover, services will result in enhanced economic activity and a reduced burden on Florida's social services safety net.

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

Economically disadvantaged persons, at-risk youth, homeless, high school/college students. 51-100 individuals.

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

85% of at risk youth will improve educational outcomes through staff support, guidance and academic services. Staff will collect grades and graduation information for youth entering post-secondary education. Youth will be linked with tutors and academic support as needed to succeed and graduate.

**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?**

None



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**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:** Evan Goldman
- b. **Organization:** Helping Abused, Neglected, Disadvantaged Youth (HANDY)
- c. **Email:** egoldman@handyinc.org
- d. **Phone Number:** (954)290-3467

**14. Recipient Contact Information:**

- a. **Organization:** Helping Abused, Neglected, Disadvantaged Youth (HANDY)
- b. **County:** Broward
- 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:** Evan Goldman
- e. **E-mail Address:** egoldman@handyinc.org
- f. **Phone Number:** (954)290-3467

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**