



# The Florida Senate

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

1. **Title of Project:** Community Leadership for Youth Development with Education-CLYDE

2. **Senate Sponsor:** Daphne Campbell

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

4. **Project/Program Description:**

The 2018 project will serve 300 youth and parents residing in North Miami, North Miami Beach and Little Haiti. The program will target primarily economically disadvantaged challenge which include middle and high school and college age individuals and will concentrate on life skills, wellness techniques,

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
977,760		977,760

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):** 977,760

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

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

Yes

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

\$ 1- 3 Million

**11. Program Performance:**

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

Overall objective: To improve the conditions for at- risked children in disadvantaged communities: North Miami, North Miami Beach, Little Haiti and their surrounding areas by providing them with assistance to complete primary education. Our goal is to have coverage much more expanded in terms of beneficiaries and territory also. Specific Objective: • Educate parents on how to help their children to do better. • Provide assistance to low performance classrooms and schools in our community

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

Implement a leadership development program, youth development program, educational development program and various activities such as wellness and fitness training, cognitive skills development, counseling to assist parents in handling critical life needs, leadership opportunities to develop decision-making, individual and peer counseling participation in cultural events, pre-employment training, placement in unsubsidized jobs and post-secondary education, follow-up counseling support groups

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	overviews basic processes for organizing and managing the project team – this group of people will be charged with	360,000



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	<p>the responsibilities for overseeing the project. This category includes director, assistant director and other program staff will indicate their position/title working 40 hours per week.</p>	
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	<p>Equipment • Computer • Telephone • Maintenance/Repair • Taxes Supplies • Desks • Chairs • Program supplies • Toner for printer • Cartridge/Copier • Postage • Printer paper</p>	23,600
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	<p>he program model consists of (11) distinct components. 1. Wellness and Fitness training 2. Cognitive skills development 3. Counseling to assist parents. 4. Leadership. 5. Job Placement. . 6. Follow-up counseling 7. Counseling . 8. Pre-employment 9. Individual and peer counseling. 10 Referral. 11 Participation</p>	395,500
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	<p>Other Operating • Utilities • Entertainment • Automobile Expenses • Envelops • Licensing &amp; Fees • Flyers/ Advertisement • Travel Expenses • Gifts-parents • Supplies-Educational &amp; Program Materials • Insurance for Field Trips •</p>	198,660



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	Children Field Trip to Historical places Follow up/Evaluation • Workshop • Meetings & Conferences • Continuing Education/Training OVERHEAD 20%	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		977,760

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

Implement a leadership development program, youth development program, educational development program and various activities such as wellness and fitness training, cognitive skills development, counseling to assist parents in handling critical life needs, leadership opportunities to develop decision-making, individual and peer counseling participation in cultural events, pre-employment training, placement in unsubsidized jobs and post-secondary education, follow-up counseling support groups

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

About 200- 400; economically disadvantaged persons, at-risk youth, pre-school students, grade school students, high school students, university/college students

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

The benefits of the project is to improve physical health, wellness and fitness training for characters building and anger management. help coping peer pressure and every day life issues. Enrich cultural experience by participation in cultural events and program activities in the community and program activities that add fun and closeness to the program, such as sports, plays, week-end retreats and trips. Improve quality of education such as educate parents on how to help their children to do better. Protect the general public from harm, implement a youth development program-empower youth to shape the future of their communities and make it a better and safe place for all of us; increase or improve economic activity with job training and placement in unsubsidized jobs or post-secondary education; create specific immediate job opportunities such as the CLYDE work study program; organization program to help students earn financial funding through a part-time work program or tutoring

**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?**



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Return funds back to the state

**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:** Jordani Pluviose
- b. **Organization:** Many Hands International
- c. **Email:** info@ourmhi.org
- d. **Phone Number:** (305)984-7446

**14. Recipient Contact Information:**

- a. **Organization:** Many Hands International
- 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:** Jordani Pluviose
- e. **E-mail Address:** info@ourmhi.org
- f. **Phone Number:** (305)984-7446

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

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