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

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 02/04/2019

4. **Project/Program Description:**
   
The Mourning Family Foundation is a 501(c)(3) founded by Alonzo and Tracy Mourning, created to inspire youth and families through education and enrichment. Funds requested for the Mourning Family Foundation support two initiatives: the Overtown Youth Center and the Honey Shine Program. At their heart, these are mentoring programs that assist participants with both educational and personal development, through: In-School Mentorship; Afterschool and Summer Program Services; Recreational and Enrichment Services; Parent Enrichment Services.

5. **State Agency to receive requested funds:** Department of Education
   
   State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>1,000,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>1,000,000</td>
<td>37.0%</td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td></td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>700,000</td>
<td>25.9%</td>
</tr>
<tr>
<td>Other</td>
<td>1,000,000</td>
<td>37.0%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>2,700,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurring</td>
<td>NonRecurring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018-19</td>
<td>500,000</td>
<td>111</td>
<td>No</td>
</tr>
</tbody>
</table>

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

   a. If yes, indicate non-recurring amount per year. 1,000,000

10. **Details on how the requested state funds will be expended**
Spending Category        Description                                      Amount

Administrative Costs:  
Executive Director/Project Head Salary and Benefits
Other Salary and Benefits  Grant Compliance Officer, program managers, fringe benefits  178,667
Expense/Equipment/Travel/Supplies/Other  Professional development training, travel and supplies  14,088
Consultants/Contracted Services/Study  Audit Services  9,675

Operational Costs:  
Salary and Benefits  program coordinators, certified teachers, enrichment instructors, parent coordinators, fringe benefits  434,477
Expense/Equipment/Travel/Supplies/Other  program office supplies, >5% of program occupancy costs, transportation, college tours  310,880
Consultants/Contracted Services/Study  nutty scientist, college preparation and career readiness program, external evaluator  52,213

Fixed Capital Construction/Major Renovation:
Construction/Renovation/Land/Planning Engineering

Total State Funds Requested (must equal total from question #6)  1,000,000

11. Program Performance:

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

Mourning Family Foundation supports two college readiness/mentoring programs for K-12 students: the Overtown Youth Center and the girls focused program, Honey Shine. Services include mentoring, bi-monthly workshops, in-school and after-school programs and a six to eight week summer program.

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

Mourning Family Foundation aims to more effectively serve the youth of Miami-Dade County by expanding its college and career 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.

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

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 preparat

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

The target population includes at-risk youth in grade school and high school. We expect to serve up to 400 students.
e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Students will gain college readiness and employment skills so that they are well prepared for the transition to college or technical school. This will be measured by report cards, college acceptance and other awards to students.

f. **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 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 any attendance issues 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. **E-mail Address:** 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:**
      - Non Profit 501(c) (3)
   d. **Contact Name:** Bill Diggs
   e. **E-mail Address:** bdiggs@mourningfamilyfoundation.org
   f. **Phone Number:** (305)476-0095

15. **Lobbyist Contact Information**
   a. **Name:** Ron Book
b. Firm Name: Ronald L. Book, P.A.
c. E-mail Address: ron@rlbookpa.com
d. Phone Number: (850)224-3427