1. **Title of Project:** First Tee (CHAMP) Comprehensive Health and Mentor

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 02/01/2019

4. **Project/Program Description:**

   CHAMP is a combination of 18 diverse programs designed to address various specific needs to provide individualized assistance and education through tutoring, college prep, mentoring, counseling, therapeutic intervention, augmentative devices, disability inclusion, health and wellness, and other services, in three locations.

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>500,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>500,000</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>500,000</td>
<td>67.6%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>239,500</td>
<td>32.4%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>739,500</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>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td></td>
<td>200,000</td>
<td></td>
<td></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.** 500000

10. **Details on how the requested state funds will be expended**

    | Spending Category     | Description | Amount |
    |-----------------------|-------------|--------|
    | Administrative Costs: |             |        |
11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Improved grades, college admittance, crime reduction, improved health and wellness, job readiness, life skills, social integration, etc.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Educational / Tutoring/College Prep/Health and Wellness programming for at risk and developmentally disabled students and young adults.

c. What are the direct services to be provided to citizens by the appropriations project?
   Educational / Tutoring/College Prep/Health and Wellness programming for at risk and developmentally disabled students and young adults in financially disadvantaged communities.

d. Who is the target population served by this project? How many individuals are expected to be served?
   at risk and developmentally disabled students and young adults in financially disadvantaged communities.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   College admittance, improved grades, crime reduction, improved health and wellness, job readiness, community integration, social and life skills. Project evaluator will track all outcomes through pre-post testing, school records, surveys data collection & other methods.

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?
   Termination of funding

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: Charlie DeLucca
   b. Organization: The First Tee of Miami Foundation
   c. E-mail Address: cdiiigolf@aol.com
   d. Phone Number: (305)785-9029

14. Recipient Contact Information:
   a. Organization: The First Tee Foundation
   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: John Reed
   e. E-mail Address: Jr2golf@bellsouth.net
   f. Phone Number: (305)761-6467

15. Lobbyist Contact Information
   a. Name: Susan Goldstein
   b. Firm Name: Susan Goldstein Consulting, Inc.
   c. E-mail Address: skgoldstein@hotmail.com
   d. Phone Number: (954)830-6300