1. **Title of Project:** Nassau County Youth Alternative to Secured Deten
2. **Senate Sponsor:** Aaron Bean
3. **Date of Submission:** 02/23/2019
4. **Project/Program Description:**
   Nassau County Youth Alternative to Secured Detention (S.W.E.A.T.), a youth intervention program that meets the targeted needs of Nassau County youth by providing effective diversion and intervention programs which includes redirection of youth through community service mentoring and academic assistance to prevent juvenile delinquency. Program services will be provided to youth who are identified as at-risk of becoming involved in the juvenile justice system and are between the ages of six (6) and eighteen (18).
5. **State Agency to receive requested funds:** Department of Juvenile Justice
   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>85,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>85,000</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>85,000</td>
<td>100.0%</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>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>85,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. 85,000

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

Administrative Costs:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
<tr>
<td>Contracted services for administering the SWEAT events and mentoring/tutoring services.</td>
<td>85,000</td>
</tr>
</tbody>
</table>

Operational Costs:

- Salary and Benefits
- Expense/Equipment/Travel/Supplies/Other
- Consultants/Contracted Services/Study

Fixed Capital Construction/Major Renovation:

- Construction/Renovation/Land/Planning Engineering

Total State Funds Requested (must equal total from question #6) 85,000

11. Program Performance:

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

      For effective diversion and intervention programs which includes redirection of youth through community service, mentoring and academic assistance to prevent juvenile delinquency. The County will contract directly with a program director, a mentoring and tutoring service provider, and the Nassau County Sheriff’s Office for administering community service.

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

      Divert from criminal/juvenile justice system - redirection of youth through community service, mentoring and tutoring resulting in behavior improvement through youth intervention.

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

      Youth intervention.

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

      At-risk youth.

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

      Redirection of improved behavior.

   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?**

      Not meeting the deliverables.

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: Michael Mullin
   b. Organization: County Attorney
   c. E-mail Address: mmullin@nassaucountyfl.com
   d. Phone Number: (904)530-6100

14. Recipient Contact Information:
   a. Organization: Nassau County Board of County Commissioners
   b. County: Nassau
   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: Michael Mullin
   e. E-mail Address: mmullin@nassaucountyfl.com
   f. Phone Number: (904)530-6100

15. Lobbyist Contact Information
   a. Name: Mark Anderson
   b. Firm Name: Mark Anderson, Governmental Consulting
   c. E-mail Address: mark@consultanderson.com
   d. Phone Number: (850)329-6549