1. **Title of Project:** Family In Distress - Youth Empowerment Services

2. **Senate Sponsor:** Victor Torres

3. **Date of Submission:** 03/20/2019

4. **Project/Program Description:**
   Operational and equipment funding to enable Family In Distress, Youth Empowerment Services (YES), to provide increased and more efficient services to the at-risk, underserved youth population within our program.

5. **State Agency to receive requested funds:** Department of Children and Families
   State Agency Contacted? No

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>250,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>250,000</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>250,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>250,000</td>
<td>100.0%</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. $250,000

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

    | Spending Category Administrative Costs: | Description | Amount |
    |------------------------------------------|-------------|--------|
    | Executive Director/Project Head Salary and Benefits | | |

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

**Operational Costs:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Benefits</td>
<td>PT - Program Director, Salary and Benefits; PT - Certified, Salary and Benefits; and 2 Full-time additional Staff Members, Salary and Benefits.</td>
<td>200,000</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>1 Energy Efficient Vehicle; Educational Supplies (Computers, Projectors); Insurance.</td>
<td>50,000</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Fixed Capital Construction/Major Renovation:**

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Engineering</td>
<td></td>
</tr>
</tbody>
</table>

**Total State Funds Requested (must equal total from question #6)** 250,000

11. Program Performance:

a. **What is the specific purpose or goal that will be achieved by the funds requested?**
   
   Funding will allow Family In Distress, Youth Empowerment Services (YES) to provide increased, evidence based services to our at-risk, underserved youth population. YES, relies on charitable donations as all of our administrative and other staff, are volunteers. We need staff, greater than our current donations provide. We need additional funding to increase our staff, and to purchase supplies, insurance and a vehicle to operate at an optimal level of impact and efficiency. We will use the vehicle to transport our youth to aid them in gaining employment, enrolling in secondary education, participating in group outings, and to attend our training and development meetings.

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

   We provide mentoring, training classes, educational workshops, and transportation to at-risk, underserved youth who are participating in our YES Program to better their lives.

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

   Direct services would include evaluation and assessment, education and training, mentoring, counseling sessions, career planning, job and career placement assistance, referral for mental health services. Additional equipment would assist with the transportation of our at-risk, underserved youth to carry them to employment training and job fair events.

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

   Individuals who are at-risk to: incarceration, homelessness, human trafficking, academic failure, street life, drugs and alcohol abuse. We will work with 60 youth ages 18 - 25 who meet our criteria.

e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
Our youth will stay out of trouble and become productive, tax paying citizens in our community. Upon graduating from our program, each participant will be contacted monthly to encourage and motivate them, and to measure their continued success in areas of employment, education, wellness and productivity.

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 current standard penalties for non-compliance are adequate and we would not anticipate receiving any future 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: Dr. Cheryl White
   b. Organization: Family In Distress, Inc.
   c. E-mail Address: familyindistress@yahoo.com
   d. Phone Number: (954)870-5912

14. Recipient Contact Information:
   a. Organization: Family In Distress, Inc.
   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: Dr. Cheryl White
   e. E-mail Address: familyindistress@yahoo.com
   f. Phone Number: (954)870-5912

15. Lobbyist Contact Information
   a. Name: None
   b. Firm Name: None
   c. E-mail Address: 
   d. Phone Number: 

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