

LFIR # 2258

ate of Request	40/20/2040			
ate of Nequest	12/30/2019			
roject/Program	Description omponent of Hope Street Family Education	O o de contra de constituir de cons	-1111-1	
guidance to gain self l	component of rispe street Family Educate consultations and aptitude sinability as well as mobility as adults.			
State Agency to	<u> </u>	artment of Education		
	onrecurring Request for Fiscal		1	
Type of Fundin	g	Amount		
Operations		500,000		
T: 1 O : 4 - 1 O .	ıtlav	000		
Fixed Capital Ou	ullay	000		
Total State Fun	-	500,000		
Total State Fun	ds Requested st for Fiscal Year 2020-2021 (inc	500,000	nds available	for this project)
Total State Fun otal Project Cos Type of Funding	ds Requested et for Fiscal Year 2020-2021 (inc	500,000 cluding matching fu	Percentage	for this project)
Total State Fundate of Funding Total State Fund	ds Requested st for Fiscal Year 2020-2021 (incomes g s Requested (from question #6)	500,000 cluding matching fu		for this project)
Total State Fundate of Funding Total State Fundate Matching Funds	ds Requested st for Fiscal Year 2020-2021 (incomes g s Requested (from question #6)	500,000 Cluding matching fu Amount 500000	Percentage 91.0 %	for this project)
Total State Fundate Fu	ds Requested et for Fiscal Year 2020-2021 (incoma) g Is Requested (from question #6) s	500,000 cluding matching fu Amount 500000	Percentage 91.0 %	for this project)
Total State Fundotal Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding	ds Requested st for Fiscal Year 2020-2021 (incomes g s Requested (from question #6)	500,000 Cluding matching fu Amount 500000 00	91.0 % 0 % 0 %	for this project)
Total State Fundotal Project Cos Type of Funding Total State Fundomatching Funds Federal State (excluding Local	ds Requested et for Fiscal Year 2020-2021 (incoma) g Is Requested (from question #6) s	500,000 Cluding matching fu Amount 500000 00 00	91.0 % 0 % 0 % 0 %	for this project)
Total State Fundotal Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other	ds Requested st for Fiscal Year 2020-2021 (incompared to the second sec	500,000 cluding matching fu Amount 500000 00 00 50,000	91.0 % 0 % 0 % 0 % 9 %	for this project)
Total State Fundotal Project Cost Type of Funding Total State Fundomatching Funds Federal State (excluding Local Other Total Project Cost las this project p	ds Requested et for Fiscal Year 2020-2021 (incoma) g Is Requested (from question #6) s	500,000 Cluding matching fu Amount 500000 00 00 50,000 550,000	91.0 % 0 % 0 % 0 % 100 %	for this project)

If yes, indicate nonrecurring amount per year.

500,000



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary and benefits for 1 Executive Director	44,530
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other	Expenses, travel and supplies related to the administration of the program	12,490
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits	Salaries and benefits for educational staff	105,129
Expense/Equipment/ Travel/Supplies/Other	Educational equipment, supplies, expenses, travel related to vocational assistance and education of individuals served by the program	337,851
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	500,000



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11. Program	Performance
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1.	Program Performance
ā.	What specific purpose or goal will be achieved by the funds requested?
	Expand educational component of Hope Street Family Education Services to provide vocational assistance and education, counseling and guidance to gain self knowledge regarding abilities and aptitudes for future career options to youth of the program to promote successful future economic sustainability as well as mobility as adults.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	After-school programming, tutoring, literacy programs, summer day camps, academic enrichment, parenting education (child development and teaching of social and emotional regulation), building resiliency, and parent support groups.
C.	What direct services will be provided to citizens by the appropriation project?
	After-school programming, tutoring, literacy programs, summer day camps, academic enrichment, parenting education (child development and teaching of social and emotional regulation), building resiliency, and parent support groups.
d.	Who is the target population served by this project? How many individuals are expected to be served?
	Economically disadvantaged persons, at-risk youth, preschool students, grade school students, high school students, University/college students and at risk families and struggling families with children/youth. 101-200
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	Struggling and at risk families-Parents will report increased knowledge of parenting skill/child development, increased social connections, increased knowledge of concrete supports, increased resiliency after six months of servicesProtective Factors Survey Quality of Life Inventory.
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?
	Repayments of funds.



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Re	equestor Contact	t Information		
a.	First Name	Jerry	Last Name	Haag
э.	Organization	One More Child, Inc.		
C.	E-mail Address	Jerry.Haag@onemorechild.org		
d.	Phone Number	(863)687-8811	Ext.	
Re	ecipient Contact	Information		
a.	Organization	One More Child, Inc.		
b.	Municipality and	County Polk		
C.	Organization Typ	pe		
	O For-profit E	ntity		
	Non-Profit 8	501(c) (3)		
	O Non-Profit	501(c) (4)		
	Local Entity	1		
	O University of	or College		
	Other (plea	se specify)		
d.	First Name	Pam	Last Name	Whitaker
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	Phone Number			
Lc	obbyist Contact I	nformation		
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b.	Firm Name	Johnson & Blanton		
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