

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1013

Grants							
	urce of funding th	at can be used i	n lieu of state funding.				
a. If yes, indicate n	_		275,000				
Is future funding lil	•		Yes				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Recurring	Nonrecurring					
Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed			
Has this project pro	eviously received	state funding?	No				
Total Project Costs	S TOT FISCAL YEAR 2	2021-2022	325,000	100%			
Other	for Flore I Veren	2004 2002	0	0%			
Local Other			50,000	15%			
State (excluding the	amount of this red	quest)	0	0%			
Federal			0	0%			
Matching Funds				3370			
Total State Funds Requested (from question #6)			275,000	85%			
Total Project Cost f Type of Funding	or Fiscal Year 20	21-2022 (includir	ng matching funds ava	lable for this proje	ect)		
Total State Funds I	<u>kequestea</u>			275,000			
Fixed Capital Outlay				0			
Operations				275,000			
Type of Funding			Amount				
Amount of the Non	recurring Reques	t for Fiscal Year	2021-2022				
State Agency conta	•						
State Agency to re	ceive requested f	unds Departi	ment of Education				
incentive, assistance needed school supp	e in youth receiving lies, provide acces ssist the youth in a	g application and i ss to computers a achieving self suffi	th at risk to include, soft information regarding cond Internet if necessary. iciency and provide the r	llege or trade school	l, providing the r		
Project/Program De	escription						
Date of Request	01/11/2021						
Senate Sponsor	Ana Maria Rodi	iguez					
Sanata Spansor	A 84 ' D 1						



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If yes, indicate the amount of funds received and what the funds were used for.

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

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits	Executive Director, VP of Marketing & Media	55,000			
Other Salary and Benefits	Training Specialist, Constructional Specialist, Application and Soft Skill Training Experts, Registration Specialist	75,000			
Expense/Equipment/Travel/Supplies/ Other	Program supplies (book bags, books, pencils, laptops, instructional materials, certificates, incentives) and training sessions	20,000			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits	ary and Benefits Program Manager, Administrative Assistant, Evaluation Specialist				
Expense/Equipment/Travel/Supplies/ Other	school supplies, brochures, applications, presentations, and office supplies	30,000			
Consultants/Contracted Services/Study	media and outreach specialists, training sessions, directories, studies and evaluation materials	35,000			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6)					

12. Program Performance

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

This program will provide much needed support for youth at risk to include, soft skills training, tutoring, staying in school incentive, assistance in youth receiving application and information regarding college or trade school, providing the much needed school supplies, provide access to computers and Internet if necessary.

The program shall assist the youth in achieving self sufficiency and provide the much needed assistance with job.

The program shall assist the youth in achieving self sufficiency and provide the much needed assistance with job placement including placement in trade schools.

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

The services provided shall include but not limited to: develop a presentation, develop a marketing plan, create a tutoring plan, organize events alongside community based organizations, schools, and vocational training facilities. All activities and services shall follow the COVID-19 guidelines set forth via the local, state, and federal governments.

c. What direct services will be provided to citizens by the appropriation project?

The services provided shall include but not limited to: seminars, workshops, technical support training, school supplies giveaway, literacy event, graduation celebration, awards ceremony, family participation event and incentive, and social media outreach. The services shall be utilized to attract the maximum amount of youth at risk possible to provide the much needed services.

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

The target population will be youth at risk in disadvantaged communities throughout Miami-Dade County. FVF expects to service between 150 to 225 individuals to include their immediate family members.

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



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The expected benefit of the outcome of this project will be measured by the number of youth outreached and participating in the seminars, workshops, and events. In addition to those receiving books from in the literacy event and school supplies from other events.

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 the contract?

All deliverables and performance measures shall be met. FVF has never entered into a contract and not surpassed the deliverables and performance measures.

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

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The Florida Senate

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14.	14. Requestor Contact Information							
	a. First Name	Alina		Last Name	Delgado			
	b. Organization	Florida Venture Foundation, Inc.						
	c. E-mail Address	fvoutreach@yahoo.com						
	d. Phone Number	(305)613-1777 Ext.						
15.	15. Recipient Contact Information							
	a. Organization	Florida Venture Foundation, Inc.						
	b. Municipality and County Miami-Dade							
	c. Organization Type							
	□For Profit Entity	ty						
	☑Non Profit 501(c)1(c)(3)						
	□Non Profit 501(d	t 501(c)(4)						
	□Local Entity	ntity						
	□University or College							
	□Other (please specify)							
	d. First Name	Alina		Last Name	Delgado			
	e. E-mail Address	fvoutreach@yahoo.com						
	f. Phone Number	(305)613-1777						
16.	16. Lobbyist Contact Information							
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address							
	d. Phone Number							