



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1462

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funds will be expended by implementing our mission to improve the quality of life for at-risk and delinquent juveniles. We will utilize evidence-based practices with a cognitive approach (CA) to govern a rational mental outcome that will positively affect youth by reducing their participation in youth crime. The goal is to reduce the recidivism of involvement with the law for those currently in the juvenile system. Achieving this outcome will require using certified and experienced staff for case management, client tracking, mental health and substance abuse, and psychological and cognitive interventions. The program will be available seven days a week and also offer additional services that can be covered through insurance and other services that might be of no cost to the client.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	150,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	150,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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No

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	Director who will monitor and oversee all aspects of the organization and programs.	50,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Staff Salary (one mental health counselor, at 38,400 per year, and one case manager at 19,600 per year).	58,000
Expense/Equipment/Travel/Supplies/Other	Building and operation costs, overhead expenses.	42,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		150,000

12. Program Performance

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

Funds will be expended by implementing our mission to improve the quality of life for at-risk and delinquent juveniles. We will utilize evidence-based practices with a cognitive approach (CA) to govern a rational mental outcome that will positively affect youth by reducing their participation in youth crime. Another major goal is to minimize the youth death rate for children between the ages of 14 to 16, which is trending upward. In addition, the funds will provide free youth services and a direct hotline for youth crime. The overarching mission is to save youth lives by giving them an outlet, giving them trust, and giving them a voice. Using these principles, we aim to modify their way of thinking about engaging in youth crime in the first place by offering alternatives and enlightening perspectives.

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

New Activities: round-table discussions, cognitive interventions through movies, music, role play and handouts, outings for positive exposure, pre- and post- assessments on crime diversion development, educational learning modules for content absorption.

New Services: counseling, mentoring, case management, and cognitive crime diversion development.

Services (already provided): psychiatric evaluations, substance abuse services, psychosocial services, mental health counseling, human trafficking counseling and training, and career development.

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

Case management; Cognitive Interventions; Counseling and Mentoring; Youth Crime Prevention Strategies; Family Support.

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



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The target population includes delinquent youth who are already involved in the juvenile system, and at-risk youth who are actively engaged in criminal activities but do not yet have a record. Other populations of youth might include those with behavioral issues stemming from human trafficking, lack of a father figure, sexual or physical abuse, bullying, anti-social tendencies, low self-esteem, gang involvement, and substance abuse. The program will serve 50 clients for 1 full year.

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

Method of measurement: Client will have their own portal account with added security to ensure HIPPA privacy. This portal is used as a tracking system to monitor client's current behavior, assessment progress, and pre-and post- diversion testing. Staff will also provide clients with contact logs, progress notes, number of appointments attended/missed, activity participation, crime diversion scores, group interaction scores, probation files, parents' surveys, and academic progress reports.

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?

Strip funding and review program strategies for adjustments, review additional evidence-based practices, review development material, review realistic outcome based on the targeted population.

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.

N/A



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- ☐ For Profit Entity
- ☒ Non Profit 501(c)(3)
- ☐ Non Profit 501(c)(4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number