



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1898

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

TRACES OF LOVE AND EDUCATION, INC. purpose is to create a special program to develop leadership in young adults. The program name is: "DREAMS IN ACTION FOR YOUNG ADULTS: VALUE LEADERSHIP TO BUILD SUCCESSFUL STORIES". The Program is aimed at assisting young adults to identify goals and enact plans of action for their achievement. We will be evaluating and assessing the success of the Program to adapt it to the special needs of young adults. As part of the Program, the young adults will be helped regarding their short-term and long-term goals and aspirations in order to help them construct an action plan aimed at the achievement or attainment of such goals. will be used leadership tool for these purposes

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

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

Type of Funding	Amount
Operations	120,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>120,000</b>

**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)	120,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>120,000</b>	<b>100%</b>

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

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

9. **Is future funding likely to be requested?**  No

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?**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1898

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	CEO-\$6,100 Senior Accountant- \$1,500 Billing Specialist- \$1,000 Fica-\$1,036.03 Total is \$9,636.03 or 8% of total requested	9,636
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Educational Management/ Social Service Staff/Vocational Skills Trainers/Fica/ Workers Comp/ Health Insurance	94,400
Expense/Equipment/Travel/Supplies/ Other	Electricity-Central/ Water & Sewer/Telephone/ IT Expense/ Printing/ Licenses/ Insurance	15,964
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>120,000</b>

**12. Program Performance**

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

The benefits to participants of this program are the potential for gaining knowledge and tools that may help him/her to better set goals and articulate and execute action plans for their consecution. This Program may help us to identify what works and what doesn't, in order to better structure similar Programs to benefit other young adults.

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

1) \$70,000 will be used to operate our leadership skills training in values, coaching, and emotional intelligence providing youth with a path where they will learn, and also be challenged and held accountable for applying what they learn. 2) \$28,000 will be used to to operate the parent coaching program. A program aimed at family integration, It gives tools in communication, management of emotions and leadership in values.3) \$20,000 to support, through monthly workshops, another young people.

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

Leadership skills training in values, coaching, and emotional intelligence providing youth with a path where they will learn, and also be challenged and held accountable for applying what they learn. A program aimed at family integration, It gives tools in communication, management of emotions and leadership in values

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

The target population to be served is high school students. And we are expected to be served between 25-50

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1898

Improve mental health; Enrich cultural experience and, Improve quality of education

The method for measuring level of benefit or outcome is by document achievement data at a minimum of 3 times per week, monthly Summary Report, Individual Annual Program Plan.

**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?**

If I should not comply with the agreement, the correct penalty should be to stop giving me the funds until I correct the errors.

**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.**

Not applicable. Actually is an on-line project.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1898

#### 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