



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 2070

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Krumpin 4 Success has identified several career choices that have a great impact on our culture, society, economic sufficiency and financial stability. Our program allows youth, ages 15-24 to experience and potentially parent the powerful combination of great ideas and great business sense with skills given through various career channels in our program. The goals of this program is to decrease risk taking behaviors while providing opportunities for academic success, financial stability and more

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 | 354,300 |
| Fixed Capital Outlay | 150,000 |
| Total State Funds Requested | 504,300 |

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) | 504,300 | 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 | 504,300 | 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.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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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 | Programs Director | 65,000 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | Community Engagement Coordinator, Administrative Assistant | 45,000 |
| Expense/Equipment/Travel/Supplies/Other | Suit Package, Entrepreneur Bootcamp, Career Trade Bootcamps, Supplies, Business/Entrepreneur, Field Trips, Gas Weekly, Conferences, Bus Passes, Marketing, Promotion, Office, Lease to Own, Utilities, Insurance, Van Insurance, Shelter, ID's or Birth Certificates, Community Events, Food & Supplies, Phone | 223,900 |
| Consultants/Contracted Services/Study | Accounting Gang Prevention Curriculum Business Formation and Credit Repair for 100 participants | 20,400 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Renovations, Renovations for Youth Business Mall and Incubator | 150,000 |
| Total State Funds Requested (must equal total from question #6) | | 504,300 |

12. Program Performance

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

Krumpin 4 Success has identified several career choices that have a great impact on our culture, society, economic sufficiency and financial stability. Our program allows youth, ages 15-24 to experience and potentially parent the powerful combination of great ideas and great business sense with skills given through various career channels in our program. The goals of the program are to decrease risk taking behaviors while providing opportunities for academic success and financial stability.

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

Participants will receive individualized service plans and needs assessments during the intake process. Each plan includes service tasks that the participant must complete in one year. Some tasks are mandatory for all participants including life skills tasks, conflict resolution and anger management tasks, job readiness, academic success, career or business track

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

Other Direct Services: Career Trade Boot Camps, Personal Credit Analysis and Assistance, Online Nail Tech and Barbering school sponsorship, business licenses, basic needs (driver's license, birth certificates, business attire, emergency shelter and bus passes), technology assistance, business development support, substance abuse workshops, and workforce development trainings.

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



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Persons with poor mental health
Jobless persons
Economically disadvantaged persons
At-risk youth
Developmentally disabled
High school students
University/College students
Currently or formerly incarcerated persons
Drug offenders (in criminal Justice)

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

The expected outcome would be to allow the person to be successful in life and measured by the success of their business along with staying out of trouble.

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?

A 10% repayment fee.

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