



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 2116

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

4. Project/Program Description

The Willie Mae Stokes Community Center, is a tax-exempt organization and community hub serving the youth and families of Alachua County. We are requesting operational support for the center's After-School Program which offers year-round out-of-school programming to youth 6-17 years of age and their families. With funding, the Center would hire staff and expand its year-round out-of-school services to an additional 100 youth from the rural under-served communities of Alachua County, Florida and provide wraparound services to their families and 300 other members of the communities. Currently, the Willie Mae Stokes Community Center is staffed almost entirely by volunteers and 100% committed to delivering enjoyable, meaningful programs and services to all residents.

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	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	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	250,000	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.**
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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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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	Executive Director-Responsible for building the infrastructure, overseeing day to day operations and securing evidenced-based grade appropriate curriculum and scheduling activities, hiring and supervising staff managing budget, working with internal/external community partners and identifying mechanism for financial sustainability and program evaluation.	65,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Audit and additional accounting service costs, electronic computer and scanner service to check youth in daily, curriculum, 2-way communication radios, cell phones, and class supplies.	20,000
Consultants/Contracted Services/Study	Salary to hire additional staff, including activity director, teacher, tutors/counselors and other center personnel. Funds will also be used for extended school day and year activities. Educators will receive compensation for their extended working hours, after school reading, math, and science instruction and impact of a longer school day. All staff receive a Level II background check and are responsible for student success and wellbeing.	150,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	College tour for high school participants, after-school program events, and activities for participants/parents/caregivers/mentors, participants laptops, and other program supplies	15,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

12. Program Performance

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

The funds will help pay for costs associated with the hirings of staff to operate the center, extended school day services for students in rural under-served communities and wraparound services to youth and families.

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

The purpose is provide structured after-school program to youth and extended day tutoring in reading, math, science, mentoring, counseling, and wraparound services, including access to food and other social services to youth, families and members of the community.

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

Provide structured after-school program to youth and extended day tutoring in reading, math, science, mentoring, counseling, and wraparound services, including access to food and other social services to youth, families and other members of the community.

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



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Students and families of Alachua County, Florida.

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

Improved attendance, behavior, increased academic achievement, and improved graduation rates.

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?

The penalty for not performing this project would require the reimbursement of state funds.

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**