



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1240

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

**4. Project/Program Description**

Wayman Community Development Corporation (WCDC) is requesting \$150,000.00 in state funding to expand it's at-risk youth services program in Duval County by hiring additional full-time and part-time mental health counselors to combat youth violence. Each counselor will have a starting salary of \$40,000.00. Funds from this program will be used to serve a community of nearly 30,000 juveniles and children living in the Eureka Gardens, West Jacksonville, Normandy Village, Cedar Hills and Murray Hill communities of Duval County. From this community, WCDC anticipates accepting at least 250 children into its prevention and diversion services program.

5. **State Agency to receive requested funds**
- State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

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

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	150,000	26%
<b>Matching Funds</b>		
Federal	233,102	40%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	200,000	34%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>583,102</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	150,000	1180	No

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.**

Wayman CDC received \$233,102.00 in Paycheck Protection Program (PPP) to continue offering life-changing services throughout the COVID-19 pandemic.

**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	The funds will be used as a portion of the Executive Director's salary and the full salary of the Program Manager, who will direct efforts for Wayman Community Development at-risk youth program.	35,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	These funds will be used to hire additional full-time and part-time mental health counselors who will work directly with youth in the program.	40,000
Expense/Equipment/Travel/Supplies/Other	These funds will be used to provide youth incentives, cover program expenses and providing recreational supplies.	75,000
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>150,000</b>

**12. Program Performance**

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

Wayman Community Development Corporation is requesting funding to continue expanding its services in Duval County by hiring additional full-time and part-time counselors working with at-risk youth in the community. Funds from this program will be used to reduce criminal activities amount at-risk youth throughout the county in communities like Eureka Gardens, West Jacksonville, Normandy Village, Cedar Hills and Murray Hill community.

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

The funding will be used to provide faith-based life changing services to at-risk youth in the highest juvenile crime areas of Duval County.

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

Individual, group and family focused counseling; crisis intervention counseling; parent training; community based mental health services; substance abuse education; prevention and diversion services; social skills training; vocational and job training services; and recreational services to at-risk youth in Duval County.

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

Economically disadvantaged persons, at-risk youth, preschool students and grade school students will be the target population served by this project. Wayman anticipates serving 540 at-risk youth during the 2022-23 fiscal year

**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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Create specific immediate job opportunities; reduce substance abuse; and divert at-risk youth from criminal/juvenile justice system by hiring additional full-time and part-time mental health counselors. WCDC will be able to effectively address and evaluate at-risk youth in high crime communities. They will also focus on reducing the number of children charged & entering the juvenile justice system by expanding services. We are committed to monthly & quarterly reports to Department of Juvenile Justice, the Duval County Sheriff's office and the state information office as an effort to combat future crime by at-risk youth.

**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?**

Paying back 10% of the contracted amount back to the State of Florida for not meeting the goals outlined by the Department of Juvenile Justice or any regulating body.

**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