



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1241

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

To support at-risk youth and families in disadvantaged communities at six sites throughout the state (Parramore Kidz Zone, Englewood Kidz Zone, Sulphur Springs Neighborhood of Promise, Miami Children's Initiative, Overtown Youth Coalition, Newtown Success Zone). The purpose is to improve academic performance, school attendance, graduation rates, college enrollment, career readiness and youth employment opportunities of the youth in these lower socioeconomic communities

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	1,167,000
Fixed Capital Outlay	0
Total State Funds Requested	1,167,000

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)	1,167,000	14%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	7,400,000	86%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	8,567,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	0	500,000	113	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.**

The state created the Florida Children's Initiative with state statute 409.147 in 2006 to provide support at-risk children and families in disadvantaged communities in Jacksonville, Orlando, Liberty City, Overtown, and Sulphur Springs addressing critical needs using a "cradle to career" strategy. Since then, we utilize a diverse source of funding to support our educational support strategies ranging from local governments, private donors, major corporations, state colleges and several foundations.



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LFIR # 1241

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

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Subcontract with each of the five Florida Children's Initiatives (\$233,400 per site state wide)	1,167,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
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)		1,167,000

12. Program Performance

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

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

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

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

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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LFIR # 1241

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?

Standard penalties are adequate.

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