

LFIR # 1649

1. Project Title	Covenant Hous	e Workforce Rea	diness Pro	gram		
2. Senate Sponsor	Shevrin Jones					
3. Date of Request	12/01/2021					
4. Project/Program D	escription					
medical, nutrition, h training program that and empower its yo provides training an training, clinical gro	ealth, and educatic at will reduce barrie outh to transition fro od employment opp ups, and life skills i	nal neglect. CHF rs for disadvanta m unemployed to ortunities for at-rinstruction. Additions	's Workforged youth employed sk youth thonally, you	ce Readiness by providing s successfully. rough career th are connect	Program is a unique upport and service: The Workforce Repath assessments, ed with employer p	s to build self-sufficiency adiness Program
5. State Agency to re	ceive requested f	unds Depa	rtment of E	ducation		
State Agency conta	acted? Yes					
6. Amount of the Non	recurring Reques	t for Fiscal Year	2022-202	3		
Type of Funding				Amo	unt	
Operations					250,000	<u>, </u>
Fixed Capital Outlay					0	<u>)</u>
Total State Funds	Requested				250,000	•
7. Total Project Cost	for Fiscal Year 202	22-2023 (includi	ng matchi	ng funds ava	ilable for this proj	ject)
Type of Funding			Am	ount	Percentage	
Total State Funds R	Requested (from qu	estion #6)		250,000	100%	<u>, </u>
Matching Funds						
Federal				0	0%	7
State (excluding the	e amount of this req	uest)		0	0%	7
Local				0	0%	₹
Other				0	0%	<u>, </u>
Total Project Cost	s for Fiscal Year 2	022-2023		250,000	100%	
8. Has this project pr	eviously received	state funding?	No			
Fiscal Year	Am	ount		pecific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	g Appr	opriation #		
						l
9. Is future funding li	kely to be request	ed?	Yes			
a. If yes, indicate r	nonrecurring amo	unt per year.	250,00	00		
b. Describe the so	urce of funding th	at can be used i	in lieu of s	tate funding.		
N/A						
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



LFIR # 1649

Yes

If yes, indicate the amount of funds received and what the funds were used for.

We have received \$378,173.00 from Orange County CDBG-CV, CDBG-CV 2, Orange County ESG-CV and ESG-CV2, and Broward County EFSP Phase CARES.

\$378,173.00

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		0			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/Other	Transportation, workshop supplies, incentives, printing/copying expenses, certification courses, job interview attire.	250,000			
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) 250,000					

12. Program Performance

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

The Covenant House (CHF) assists youth with histories including trauma, substance abuse, behavioral health concerns, medical, nutrition, health, and educational neglect. CHF's Workforce Readiness Program is a unique and specialized training program that will reduce barriers for disadvantaged youth by providing support and services to build self-sufficiency and empower its youth to transition from unemployed to employed successfully.

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

The Workforce Readiness Program provides training and employment opportunities for at-risk youth through career path assessments, workshops, skills training, clinical groups, and life skills instruction. Additionally, youth are connected with employer partners for work-based learning experiences to gain the skills, knowledge, and confidence needed to secure employment that pays a living wage.

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

Teenage youth experiencing homelessness need to develop life and soft skills, to achieve self-sufficiency for adulthood. This program provides work-based opportunities to ensure workforce success, stability and security through training and employment opportunities, career path assessments, workshops, skills training, clinical groups, and life skills instruction.

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

100+ at-risk teenage youth experiencing homelessness

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



LFIR # 1649

Through Covenant House's Workforce Readiness Program homeless youth will enter age-appropriate work-based learning opportunities (paid and unpaid positions), with local Employer Partners to help them transition to career opportunities or employment.

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 agency's standard contract penalties are sufficient.	
13.	The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding, include the	ne

relationship between the owners of the facility and the entity.	•	•		

N/A



LFIR # 1649

14. Requestor Contact Information						
	a. First Name	Reneé		Last Name	Trincanello	
	b. Organization	Covenant House Florida				
	c. E-mail Address	rtrincanello@covenanthousefl.org				
	d. Phone Number	(954)568-	7925	Ext.		
15.	Recipient Contact	Informatio	n			
	a. Organization Covenant House Florida					
	b. Municipality and	l County [Statewide			
	c. Organization Ty	ре				
	□For Profit Entity					
	☑Non Profit 501(c	(3)				
	□Non Profit 501(c	□Non Profit 501(c)(4)				
	□Local Entity					
	□University or College					
	□Other (please sp	er (please specify)				
	d. First Name	Patricia		Last Name	Jones	
	e. E-mail Address	pjones@c	ovenanthousefl	org		
	f. Phone Number					
16.	Lobbyist Contact I	nformatio	า			
	a. Name	Sheela Va	anHoose			
	b. Firm Name	The Southern Group				
	c. E-mail Address	vanhoose@thesoutherngroup.com				
	d. Phone Number	Number (850)671-4401				