



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1949

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Certified Teens Project will create a fast track for youth ages 16-19 from all socio-economic backgrounds to enter the workforce.

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	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	80%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	125,000	20%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>625,000</b>	<b>100%</b>

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.

The agency currently receives funding from the City of Jacksonville and uses a portion of that funding to support the initiatives in this project. Upon funding renewal by the City of Jacksonville, funds will continue to be used to support this project.

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.



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Small Business Administration disaster assistance loan for \$284k; and PPP loan for \$12k used for payroll expenses due to a delay in receiving City of Jacksonville 2020-2021 funding.

#### 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	Executive Director/Project Head salary and benefits expenses	22,600
Other Salary and Benefits	Data Specialist, Finance Manager, Health Insurance	43,175
Expense/Equipment/Travel/Supplies/Other	Travel expenses for program staff and program specific supplies.	5,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salary and benefit expenses (i.e., health insurance) for the Program Manager (Full-\$me) and Program Director (Part-time allocation) to provide services for projects.	118,400
Expense/Equipment/Travel/Supplies/Other	Career Exploration meeting and conferences for youth and staff chaperons, Insurance, Supplies, Books.	96,025
Consultants/Contracted Services/Study	Vocational Training Consultants to provide for non-traditional vocational career training, Certification and support; Academic Support Providers; Collegiate Support Partners; and Program Evaluation Consultant.	214,800
<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>500,000</b>

#### 12. Program Performance

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

The goal of Certified Teens is to create a fast track for youth ages 16-19 from all socio-economic backgrounds to enter the workforce, reduce juvenile delinquency and the drop-out rate by increasing opportunities for students to earn income through vocational certification and pre-internships; and provide wrap around resources including academic, mental health and vocational training to remove any barriers to success.

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

Through partnerships with local businesses, donors, vocational and academic resource providers, we will offer career trainings, certification and paid pre-internships for youth ages 16-19 providing hands on job skills. Students will be put on a fast track to job opportunities during high school so that they are prepared to move directly into the workforce after graduation.

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

Youth activities after school hours are critical to personal development. As a result, job skills, certification and pre-internship programs will be offered during after school programming. With the growing need for youth mental health services, a licensed therapist will be on staff full-time to support youth. This will help students remain focused on academic and vocational goals.

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

The target population is 50-100 Jobless persons, Economically disadvantaged persons, At-risk youth, Homeless, High school students and University/College students.

##### 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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(1) Improve mental health by providing mental health professionals to enrolled students; measured by self-reported mental health status, surveys and therapy sessions. (2) Enrich cultural experience by exposing students to non-traditional career options and training; measured by number of vocational activities and opportunities offered and number attended. (3) Create job opportunities for youth by creating an Employment Partnership Network with businesses and staffing agencies; measured by number of job opportunities provided and number of job placements made.

**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?**

Unspent funds will be returned.

**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.**

This does not apply to this project. There is no fixed capital outlay funding requested.



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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