

LFIR # 2008

| 1. Project Title | Summer Enrichment Program |
|------------------|---------------------------|
| | |

2. Senate Sponsor Lauren Book

3. Date of Request 01/04/2022

4. Project/Program Description

The Summer Enrichment program will address educational service gaps for low-income youth and working families. The project replicates the success of the 2020 grant-funded program wherein 85% of campers maintained or improved their percentile rank in literacy and 78% in math; 88% of campers surveyed said they learned something new over the summer; and 97.9% indicated they had fun with their teacher over the summer.

Department of Education

State Agency contacted? No

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

| Type of Funding | Amount |
|-----------------------------|---------|
| Operations | 315,740 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 315,740 |

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) | 315,740 | 40% | |
| Matching Funds | | | |
| Federal | 155,975 | 20% | |
| State (excluding the amount of this request) | 100,000 | 13% | |
| Local | 200,000 | 25% | |
| Other | 15,000 | 2% | |
| Total Project Costs for Fiscal Year 2022-2023 | 786,715 | 100% | |

8. Has this project previously received state funding? No

| Fiscal Year | Amount | | Specific | Vetoed | |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| | | | | | |
| | | | | | |

9. Is future funding likely to be requested?

Yes

315,740

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

local funds

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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The City was allocated \$13.1 million.

- \$2.1 million for small businesses

- \$1.6 million for residential assistance

- \$9.1 million to offset actual expenses like PPE, family sick time, FMLA testing site expenses,

public safety payroll.

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 | Recreation Specialists-Responsible for assisting the site-based teacher(s) with instructional delivery and the planning and implementation of project-based activities. Teachers-Responsible for delivering high-quality instruction in a fun camp environment, progress monitoring campers' learning, and facilitating targeted instructional support as needed. | 121,440 |
| Expense/Equipment/Travel/Supplies/ Other Beducational supplies for campers, including books, digital learning applications, materials for project based learning and classroom supplies, and instructional resources for teachers, including training materials, classroom supplies and digital training resources. | | 77,000 |
| Consultants/Contracted Services/Study Education Enrichment-Services contracted to provide on-site and off- site field trips that provide learning extensions. Contracted Nonprofit Partners- Provide an afternoon extension to the school district's summer school, creating a full-day offering for low- income families | | 117,300 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| Total State Funds Requested (m | ust equal total from question #6) | 315,740 |

12. Program Performance

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

The overall goal of the Summer Enrichment program is to address educational service gaps for low-income youth and working families.

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

Activities and services include curriculum design, teacher training, parent engagement and coordination across partners to enhance the summer learning experience.

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

Children will benefit from academic instruction, project based learning activities and enrichment activities in a fun summer camp environment.

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

At-risk youth, Grade school students, High school students. The target number of individuals to be served is 401-800.



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

Mitigate the impact of summer learning loss by maintaining or improving campers' academic performance in core content areas. Pre-and post-academic assessments for continuously enrolled campers along with qualitative data on the camper experience. Program satisfaction from working families via parent survey.

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?

Funding will be reduced or 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.

Not applicable.



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14. Requestor Contact Information

| | a. First Name | Daphnee | Last Name | Sainvil | |
|----------------------------------|-----------------------------------|------------------------------------|-----------|---------|--|
| | b. Organization | City of Fort Lauderdale | | | |
| | c. E-mail Address | dsainvil@fortlauderdale.gov | | | |
| | d. Phone Number | (954)299-7806 | Ext. | | |
| 15. | 15. Recipient Contact Information | | | | |
| | a. Organization | City of Fort Lauderdale | | | |
| | b. Municipality and | d County Broward | | | |
| | 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 | Daphnee | Last Name | Sainvil | |
| | e. E-mail Address | Idress dsainvil@fortlauderdale.gov | | | |
| | f. Phone Number | | | | |
| 16. Lobbyist Contact Information | | | | | |
| | a. Name | Ronald L. Book | | | |
| | b. Firm Name | Ronald L. Book PA | | | |
| | c. E-mail Address | ron@rlbookpa.com | | | |
| | d. Phone Number | (305)935-1866 | | | |