

1. Project Title

No

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

Florida Youth Leadership, Mentoring and Character Education Pilot

LFIR # 2115

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|---|--|--|--|--|--|--|--|
| 2. | Senate Sponsor | Darryl Rouson | | | | | |
| 3. | Date of Request | 01/07/2022 | | | | | |
| 4. | Project/Program Description | | | | | | |
| | youth leadership de and Volusia countie | velopment, mentorir s. This curriculum ba | ng and character e ased program pro | equesting to continue reducation program as a motes leadership and lablishing community ba | a statewide pilot pro life skills developme | gram in Leon, Pinellas ent, character educatior | |
| 5. | State Agency to re | ceive requested fu | nds Departm | nent of Education | | | |
| ; | State Agency conta | acted? Yes | | | | | |
| | | recurring Request | for Fiscal Year 2 | 022-2023 | | | |
| | Type of Funding | | | Amo | unt | | |
| | Operations | | | | 500,000 | | |
| | Fixed Capital Outlay | У | | | 0 | | |
| | Total State Funds | Requested | | | 500,000 | | |
| 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project Type of Funding Amount Percentage | | | | | | ect) | |
| - 1 | | Requested (from que | stion #6) | 500,000 | 100% | | |
| - 1 | Matching Funds | | , 1 | , | | | |
| | Federal | | | 0 | 0% | | |
| | State (excluding the | amount of this requ | est) | 0 | 0% | | |
| | Local | | | 0 | 0% | | |
| - | Other | | | 0 | 0% | | |
| | Total Project Costs | s for Fiscal Year 20 | 22-2023 | 500,000 | 100% | | |
| 8. | Has this project pr | eviously received s | state funding? | Yes | | | |
| | Fiscal Year | Amo | | Specific 4 | Vetoed | | |
| - | (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | | |
| L | 2021-22 | 0 | 475,00 | 0 96 | No | | |
| 9. | ls future funding li | kely to be requeste | d? | Yes | | | |
| | a. If yes, indicate n | onrecurring amou | nt per year. | 500,000 | | | |
| | b. Describe the source of funding that can be used in lieu of state funding. | | | | | | |
| | Other fundraising options would be explored. | | | | | | |
| 10 | . Has the entity req | uesting this projec | t received any fe | ederal assistance rela | ted to the COVID- | 19 pandemic? | |



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| If yes, indicate the amount of funds received and what the funds were used for. | |
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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 | 6% - Accountant and Program Consultants | 30,000 | | | |
| Operational Costs: Other | | | | | |
| Salary and Benefits | | 0 | | | |
| Expense/Equipment/Travel/Supplies/Other | 50% - Program supplies, materials, travel, printing and statewide collaboration | 250,000 | | | |
| Consultants/Contracted Services/Study | 44% - Contracted Program Services and Events | 220,000 | | | |
| Fixed Capital Construction/Major Renovation: | | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | | |
| Total State Funds Requested (must equal total from question #6) 500,00 | | | | | |

12. Program Performance

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

Continuation of enhancing and replicating Leon County's Tallahassee Chapter of The Links, Incorporated's nationally award winning youth leadership development, mentoring and character education program in Pinellas and Volusia Counties as a statewide pilot program providing curriculum based program services including leadership and life skills development, character education, cultural awareness, community service learning and childhood obesity prevention engagement while also establishing community based mentors and scholarships for high school students.

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

Curriculum based instruction sessions, educational and cultural site visits and tours, mentoring sessions, childhood obesity prevention engagement and scholarships/program awards.

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

Educational and life skills instruction, childhood obesity prevention, mentoring support for youth and scholarships/program awards

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

Target population is economically disadvantaged and at-risk high school students. Between 100 and 150 high school students 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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Improved Physical Health through childhood obesity prevention and healthy lifestyles curriculum instruction and engagement in physical movement and exercise at each program session. Improved Mental Health through a life skills curriculum session. Enriched Cultural Experience through cultural presentation sessions, tours and involvement. Improve Quality of Education through high quality leadership and life skills development, cultural and character education curriculum sessions and exposure to the value and benefits of education. Enhanced economic self sufficiency through exposure to education's impact on quality of life through curriculum sessions and activities. Criminal/Juvenile Justice System Diversion through a legal rights and responsibilities curriculum session, community mentors and coaching and encouragement. Benefits and outcomes will be measured by Attendance rosters, Student Evaluative Surveys, Parent Evaluative Surveys, Student Pre and Post Program Evaluations.

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?

Performance penalties may include reduction in program appropriations commensurate with deliverable(s) not met or a repayment requirement.

| relationship between the owners of the facility and the entity. | |
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13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding, include the

| | V/A |
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| - 1 | 47. |



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| 14. | 14. Requestor Contact Information | | | | | |
|----------------------------------|-----------------------------------|--|------|-----------|----------|--|
| | a. First Name | Linda G. | | Last Name | Dilworth | |
| | b. Organization | Tallahassee Chapter of The Links, Incorporated | | | | |
| | c. E-mail Address | LindaDilworth@aol.com | | | | |
| | d. Phone Number | (850)508-1794 Ext . | | | | |
| 15. | 15. Recipient Contact Information | | | | | |
| | a. Organization | Tallahassee Chapter of The Links, Incorporated | | | | |
| | b. Municipality and | l County | Leon | | | |
| | c. Organization Type | | | | | |
| | □For Profit Entity | □For Profit Entity | | | | |
| | □Non Profit 501(c)(3) | | | | | |
| | ☑Non Profit 501(c)(4) | | | | | |
| | □Local Entity | | | | | |
| | □University or College | | | | | |
| | □Other (please specify) | | | | | |
| | d. First Name | Linda G. | | Last Name | Dilworth | |
| | e. E-mail Address | LindaDilworth@aol.com | | | | |
| | f. Phone Number | | | | | |
| 16. Lobbyist Contact Information | | | | | | |
| | a. Name | None | | | | |
| | b. Firm Name | None | | | | |
| | c. E-mail Address | | | | | |
| | d. Phone Number | | | | | |