

LFIR # 2187

6. Amount of the Non Type of Funding	recurring Request	i ior Fiscai Year 2	2022-2023 Amo	unt			
Operations				250,000			
Fixed Capital Outlay	1			0			
Total State Funds	Requested			250,000			
7. Total Project Cost f	or Fiscal Year 202	22-2023 (includin	g matching funds avai	ilable for this proje	ect)		
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Type of Funding		,	Amount	Percentage			
Type of Funding Total State Funds R	equested (from que		Amount 250,000	Percentage 71%			
	equested (from que						
Total State Funds R	equested (from que						
Total State Funds R Matching Funds		estion #6)	250,000	71% 0% 0%			
Total State Funds R Matching Funds Federal State (excluding the Local		estion #6)	250,000 0 0	71% 0% 0% 0%			
Total State Funds R Matching Funds Federal State (excluding the		estion #6)	250,000	71% 0% 0%			
Total State Funds R Matching Funds Federal State (excluding the Local	amount of this req	estion #6) uest)	250,000 0 0	71% 0% 0% 0%			
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	amount of this req	estion #6) uest) 022-2023	250,000 0 0 100,000 350,000	71% 0% 0% 0% 29%			
Total State Funds R Matching Funds Federal State (excluding the Local Other	amount of this req	estion #6) uest) 022-2023	250,000 0 0 100,000	71% 0% 0% 0% 29%			
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr	amount of this request for Fiscal Year 2	estion #6) uest) 022-2023	250,000 0 0 100,000 350,000 No Specific	71% 0% 0% 0% 29%			
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Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (уууу-уу)	amount of this requested amount of this reques	estion #6) uest) 022-2023 state funding? ount Nonrecurring ed?	250,000 0 0 100,000 350,000 No Specific Appropriation #	71% 0% 0% 0% 29% 100%			
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding lia. If yes, indicate re	amount of this request	estion #6) uest) 022-2023 state funding? ount Nonrecurring ed? unt per year.	250,000 0 0 100,000 350,000 No Specific Appropriation # Yes 250,000	71% 0% 0% 0% 29% 100%			
Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding lia. If yes, indicate re	amount of this request to be request unce of funding the	estion #6) uest) 022-2023 state funding? ount Nonrecurring ed? unt per year.	250,000 0 0 100,000 350,000 No Specific Appropriation #	71% 0% 0% 0% 29% 100%			



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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	Pro-rated portion of this salary for building manager and administrative staff	8,142			
Expense/Equipment/Travel/Supplies/ Other	Pro-rated portion of the financial audit, utilities, rental equipment and office supplies	3,578			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits	Pro-rated portion of this salary for support staff	3,500			
Expense/Equipment/Travel/Supplies/ Other	Pro-rated portion of laptops, tablets, purchased services, after school supplies, college tour programs and enrichment activities	234,780			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6)					

12. Program Performance

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

Omega Lamplighters are requesting funding for the City of Tallahassee Lighthouse at-risk mentorship program to strengthen students career and math pathways, while also working to reduce crimes committed by local youth. Funds will be used to purchased additional laptops, tablets, after-school reading and literacy materials, enrichment workshops and college tours.

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

This funding will allow the Omega Lamplighters to expand their existing in- and after-school math & literacy mentorship programs. Additional resources will allow the Lamplighters to improving the math pathways for at-risk youth through post-secondary education through coding, technology and other activities focused on reducing gang activity while providing life changing family services

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

In-school and after-school mentorship; decreased gang related activity by at-risk youth; strengthening STEM and math pathways through postsecondary education; and college preparatory along with job skills training.

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

Economically disadvantaged, at-risk youth, homeless youth, preschool students, grade school students, high school students, university/college students, drug offenders, victims of crime and children of veterans along with their families.

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

Improve quality of education by increasing quality of in-school and after school literacy and math goals by expanding program and access to individual mentors and services. Job opportunities by will improve math pathways that create careers in the tech sector by working with elementary, middle and high school students to ensure post-secondary matriculation to job opportunity. Reducing substance abuse and criminal activities by juveniles.



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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?

Payback of a percentage of the awarded amount to the State of Florida, or designated agencies, if the organization does not fulfill the obligations set forth in this request.

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14. Requestor Contact	Informat	ion				
a. First Name	Royle		Last Name	King		
b. Organization	Omega Lamplighters, Inc					
c. E-mail Address	royleking	@omegalampligl	nters.org			
d. Phone Number	(214)364	-2921	Ext.			
15. Recipient Contact	Informatio	on				
a. Organization	Omega L	amplighters				
b. Municipality and	b. Municipality and County Leon					
c. Organization Ty	c. Organization Type					
□For Profit Entity						
☑Non Profit 501(c	Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity						
□University or Co	□University or College					
□Other (please sp	□Other (please specify)					
d. First Name	Royle		Last Name	King		
e. E-mail Address	royleking	@omegalampligl	nters.org			
f. Phone Number						
16. Lobbyist Contact Information						
a. Name	None					
b. Firm Name	None					
c. E-mail Address						
d. Phone Number						