



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2692

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

We Reach Foundation is a non-profit supporting the unmet health care needs of children, young adults and elderly members of the Miami-Dade and Broward County. This project will also support entrepreneurial efforts for at-risk youth & persons up to age 35 with financial literacy; workforce development and career development. The entrepreneur and Health empowerment program will (1) expand community healthcare programs, events and biking initiatives throughout Miami-Dade and Broward County; (2) expand entrepreneurial workshops and programs for at-risk youth (3) expand workforce development, business and financial literacy programs.

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	100,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>100,000</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)	100,000	40%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	60%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>250,000</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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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

**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		0
Other Salary and Benefits	Pro-rated portion of salary for event staff and administrative assistance.	5,678
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Pro-rated portion of marketing, travel, purchased services, communities and supply expenses related to services	94,322
Consultants/Contracted Services/Study		0
<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>100,000</b>

**12. Program Performance**

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

This allocation will support and expand the unmet health care needs of children, young adults and elderly members of the Miami-Dade and Broward community. The purpose of this funding will also support entrepreneurial efforts for at-risk youth & persons up to age 35 with financial literacy; workforce development and career development.

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

Entrepreneur and Health empowerment program will (1) expand community healthcare programs, events and biking initiatives throughout Miami-Dade and Broward County; (2) expand entrepreneurial workshops and programs for at-risk youth (3) expand workforce development, business and financial literacy programs among at-risk youth and young adults up to age 35.

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

Leadership training, professional development, mentorship, and improving healthcare.

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

Elderly persons, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, preschool students, grade students, high school students, University/college students, formerly incarcerated persons, victims of crime and veterans. Over 100 people will be served.

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

Improved physical health through the expanded healthy lifestyle events like Bike Ride in 305, Get Fit Miami, Heart Health Walk to communities throughout Miami-Dade county and Broward. Improved healthy lifestyle education, financial literacy and entrepreneurial education among at-risk youth, veterans and persons up to age 35 living in food deserts in Miami-Dade and Broward county.



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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?**

If there is an area in which the We reach Foundation is deficient, it is suggested that a corrective action plan be implemented and monitored to ensure that the deficient area(s) is/are corrected in a timely fashion.

**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.**

N?A



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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