

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 1701** 

1. Project Title	Courage To Change Program - 17th Judicial Circuit						
2. Senate Sponsor	Shevrin Jones						
3. Date of Request	12/06/2023						
4. Project/Program De	escription						
prevent recidivism. Cof investing in thems	Dur evidence-based elves — building va	d solution resolve aluable skills and	aches offenders cognitives failed reentry by helpir following a roadmap the nterpersonal conflict, an	ng individuals to und at leads to new care	derstand the importance eer opportunities		
5. State Agency to rec	eive requested fu	nds Depart	ment of Corrections				
State Agency conta	•						
6. Amount of the Nonr	ecurring Request	for Fiscal Year	2024-2025				
Type of Funding			Amo	unt			
Operations				250,000			
Fixed Capital Outlay				0			
<b>Total State Funds F</b>	Requested			250,000	I		
7. Total Project Cost fo	or Fiscal Year 202	4-2025 (includin	g matching funds avai	lable for this proje	ect)		
Type of Funding			Amount	Percentage			
Total State Funds Re	equested (from que	estion #6)	250,000	100%			
Matching Funds							
Federal			0	0%			
State (excluding the	amount of this requ	uest)	0	0%			
Local			0	0%			
Other			0	0%			
Total Project Costs	for Fiscal Year 20	024-2025	250,000	100%	I		
8. Has this project pre	eviously received	state funding?	No				
Fiscal Year	Amo	ount	Specific	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
9. Is future funding lik	ely to be requeste	ed?	No				
a. If yes, indicate no	onrecurring amou	nt per year.					
b. Describe the sou	rce of funding tha	at can be used ir	n lieu of state funding.				
10. Has the entity requ	uesting this projec	ct received any f	federal assistance rela	ted to the COVID-	19 pandemic?		
No							



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

### **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

I1. Status of Const a. What is the cu		the project?			
Planning	O Design	Construction	O N/A		
b. Is the project	"shovel ready"	(i.e permitted)?			
c. What is the es	stimated start da	ate of construction?			
d. What is the es	stimated comple	etion date of construc	ction?		
		o receive, directly or ers of the facility and		apital outlay fu	nding. Include the

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	Direct oversight of product or service development, ensuring that there are efficient processes to use. Directly responsible for the day-to-day operational challenges, managing direct reports, with hire/fire capabilities, develop, manage, policies and programs that lead the company toward its vision and mission. Provide leadership and management to help the company reach its goals.			
Other Salary and Benefits	Hire a Deputy Executive Director. Will prepare and monitoring the budget reports, to ensure that each step toward the mission of the program can be achieved in the most expedient manner possible. Review metrics and make changes, as needed, to ensure that all objectives are met. Provide leadership/management while handling internal operations.	30,000		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study	Hiring of outside consulting firm. Perform compliance work for—or provide services to—entity as a nonemployee.	25,000		
Operational Costs: Other				
Salary and Benefits	1 full time Career Coach/Program Manager, 1 full time Case Manager	60,000		
Expense/Equipment/Travel/Supplies/ Other	Participant Educational Materials, Consumable Program Materials, Group Outings for trainings/conferences, Transportation for offenders, Office expenses such as utilities, building lease, and telecommunications.	70,000		
Consultants/Contracted Services/Study	Outside contracted legal and audit work to track and comply with all relevant local, state, and federal statutes and regulations. Purchase of a general liability insurance policy.	15,000		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		



c. Organization Type

□For Profit Entity

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Γotal State Funds F	Requested	l (must equal to	tal from que	stion #6)			250,000
Program Performa	nce						
a. What specific p	urpose or	goal will be ac	hieved by th	e funds requ	ested?		
prevent recidivism. importance of inve	. Our evide sting in the	ence-based solut emselves — build	ion resolves t ding valuable	failed reentry l skills and folk	by helping ind owing a road:	d behavioral soft sk dividuals to understa map that leads to no nflict, and empowe	and the ew career
b. What activities	and servi	ces will be prov	rided to mee	t the intended	d purpose of	these funds?	
Case Managemer support, school gu items, technologica	idance cur	ervice referrals, l riculum, individu	nands-on trai al student pla	ning, counseli anning, career	ng, mentoring readiness, p	g, job training, admi urchasing equipmei	nistrative nt and other
c. What direct ser	vices will	be provided to	citizens by t	he appropria	tion project?	•	
Case Managemer support, school gu items, technologica	idance cur	ervice referrals, l riculum, individu	nands-on trai al student pla	ning, counseli anning, career	ng, mentoring readiness, p	g, job training, admi urchasing equipme	nistrative nt and other
d. Who is the targ	et populat	tion served by t	his project?	How many ir	ndividuals ar	e expected to be	served?
100- 200 offender facility in the last 3	s on felony	community sup	ervision or w	ho have been	released fror	n a Department of (	Corrections state
	•	efit or outcome	of this proj	ect? What is	the methodo	ology by which this	s outcome will
be measured?			, o p. o.				
handling challenge	s with the quire skill s	social stigma an sets. Courage To	d the collater Change help	al consequent os provide cog	ces that come unitive and be	ssion, and anger. In with a criminal recentarional soft-skills of	ord as they build
f. What are the su for failing to meet			•			n addition to its sta act?	andard penalties
Repayment of fun	ds to the s	tate on a pro-rat	ed basis				
Requester Contact	Informati	ion					
a. First Name	Dr. Chery		Last Name	White			
o. Organization	Family In	Distress, Inc.	-				
c. E-mail Address	fidcares@	gmail.com					
d. Phone Number	(954)557	-7439	Ext.				
Recipient Contact	Information	on					
a. Organization		Distress, Inc.					
b. Municipality and	d County	Broward					



17.

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☑Non Profit 501(c)(3)									
□Non Profit 501(c)(4)									
□Local Entity	□Local Entity								
□University or Co	□University or College								
□Other (please specify)									
d. First Name	Dr. Cheryl	Last Name	White						
e. E-mail Address	fidcares@gmail.com								
f. Phone Number	(954)557-7439								
Lobbyist Contact Information									
a. Name	Daniel Sohn								
b. Firm Name	Floridian Group, LLC.								
c. E-mail Address	daniel@flagroupllc.com								
d. Phone Number	(954)243-4705								