

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

LFIR # 1713

1.	Project Title	Victory For Youth	n/Share Your F	leart				
2.	Senate Sponsor	Bryan Avila						
3.	Date of Request	11/07/2023						
4.	Project/Program De	escription						
	Victory for Youth (VFY)/ Share Your Heart (SYH) provides food and supplies, and vocational rehabilitation (job training and placement) and mental health services to support adults, seniors, children, victims of domestic violence, and families in crisis or distress in an effort to increase family stability and decrease involvement in government systems.							
5.	State Agency to rec	eive requested fu	nds Depa	artme	ent of Children and Fa	amilies		
	State Agency conta	cted? Yes						
6. /	Amount of the Nonr	ecurring Request	for Fiscal Yea	r 20 :	24-2025			
	Type of Funding				Amo			
	Operations					300,000		
	Fixed Capital Outlay					0		
	Total State Funds F	Requested				300,000		
7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)								
	Type of Funding				Amount	Percentage		
	Total State Funds Re	equested (from que	stion #6)		300,000	34%		
Matching Funds								
	Federal				0	0%		
	State (excluding the amount of this request)				500,000	0%		
	Local				560,000	63%		
	Other	<i>.</i> -: 11/ 00	24 2225		30,000	3%		
Total Project Costs for Fiscal Year 2024-2025 890,000 100%								
8. Has this project previously received state funding? Yes								
	Fiscal Year	Amo	unt		Specific Appropriation #	Vetoed		
	(уууу-уу)	Recurring	Nonrecurrin			NI.		
	2023-24	0	250	,000	315	No		
9. Is future funding likely to be requested? Yes							1	
a. If yes, indicate nonrecurring amount per year.					300,000			
b. Describe the source of funding that can be used in lieu of state funding.								
We currently do not have any other funds available to support services outside of Miami Dade County.								
10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?								
.0	Yes							
	If yes, indicate the	amount of funds r	eceived and v	vhat	the funds were use	d for		



11. Status of Construction

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Complete questions 11 and 12 for Fixed Capital Outlay Projects

	a. What is the current phase of the project?								
	Planning	O Design	Construction	○ N/A					
	b. Is the project "	shovel ready" (i.e permitted)?						
	c. What is the estimated start date of construction?								
	d. What is the estimated completion date of construction?								
12.	List the owners relationship bet	of the facility to ween the owne	o receive, directly or rs of the facility and	r indirectly, any fixed capital outlay funding. Include the I the entity.					

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

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits	Salary and Benefits for Regional Directors	79,504			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other	Accounting expenses, office supplies, rent, equipment, communication, maintenance, insurance, and travel expenses.	29,582			
Consultants/Contracted Services/Study	Professional fees for audits and tax preparations.	5,000			
Operational Costs: Other					
Salary and Benefits	Wages and fringe benefits for operational staff including operational managers, program and volunteer coordinator, case managers, warehouse managers, part time clerks, warehouse assistants, drivers and community liaisons.	58,848			
Expense/Equipment/Travel/Supplies/ Other	Expenses related to the operation including communication, transportation, training programs, maintenance, client supplies	127,066			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6)					

14. Program Performance

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

¹⁾ Continue to support federal, state and local efforts in increasing family stability and decrease government systems by assisting families and individuals in distress; 2) Continue to expand the service area and locations throughout the Northwest, Southern, Suncoast, Central, Northeast and Southeast DCF Regional Districts; 3) Continue to provide ACCESS and vocational rehabilitation services throughout the state; 4) Add additional resources to include mental and health services.



Corrective Action Plan

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

The activities and services will include: providing food, clothing and supplies at our service locations; providing food, clothing and supplies and emotional/spiritual support to referrals received from our increasing number of partners with memorandums of understanding; developing a communication network for volunteers; CERT training for emergency situations; volunteer trainings; supporting special events such as food distributions and community events; assisting the Emergency Management Department during disasters; and providing additional resources such as ACCESS, health services and job placement.

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

Families, children, elderly, veterans and others in need will be provided with supplies, clothing and services, including emotional/spiritual support in times of distress and/or disaster. Specially trained volunteers will be available to assist government entities in times of disaster. Mental health screenings and job training placement will be available to all individuals as needed.

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

The target population is families and individuals that are experiencing hardships in times of distress including but not limited to elderly, adults, disabled, veterans, abused, abandoned and neglected children and victims of crimes throughout the state of Florida, including but not limited to Miami Dade, Broward, Palm Beach, Leon, Escambia, Lee, Collier, Volusia, Gadsden, Duval counties. We expect to serve 30000-50000 individuals.

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

Expected benefits include: Improved physical and nutritional health by providing nutritional food, improved mental health by providing emotional/spiritual support and providing necessities during times of crisis, protection of the general public from harm and improved emergency response time by trained volunteers, and enhanced individual economic self-sufficiency and diversion from criminal behavior by providing job training, placement and vocational rehabilitation services. Outcomes would be measured by quantity and dollar value of food distributed and number of people served and trained

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?

15.	Requester Contac	t Informati	ion				
	a. First Name	Rolando		Last Name	Gonzalez		
	b. Organization	Victory fo					
	c. E-mail Address	il Address rolyg@shareyourheart.us					
	d. Phone Number	(786)286	-4814	Ext.			
16. Recipient Contact Information							
	a. Organization	Victory For Youth, Inc.					
	b. Municipality and County Miami-Dade						
	c. Organization Ty	ре					
	□For Profit Entity						
	☑Non Profit 501(d	c)(3)					



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□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity	□Local Entity					
□University or Co	□University or College					
□Other (please sp	□Other (please specify)					
d. First Name	Rolando	Last Name	Gonzalez			
e. E-mail Address	e. E-mail Address rolyg@shareyourheart.us					
f. Phone Number	(786)286-4814					
17. Lobbyist Contact Information						
a. Name	None					
b. Firm Name						
c. E-mail Address						
d Phone Number						