

1. Project Title

No

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

So You Want Your Name In Lights Youth Mentoring Programs EXPANDED

LFIR # 2862

2. Senate Sponsor	Geraldine Thomps	son						
3. Date of Request	01/04/2024							
4. Project/Program Des	cription							
implementing youth m esteem, and positive li implementing at-risk yo	entoring services t ife skills. The missi outh mentoring act	hat will help the on of this orgar ivities, educatio	es to youth (ages 10 - 24 em to develop character, nization is to improve the enal support, and perform a activities. We have bee	confidence, leaders quality of life for co ning arts projects. T	ship, discipline, self- ommunity residents by The organization will also			
5. State Agency to rece	•	,, ,	tment of Juvenile Justice					
State Agency contact	•	Бора						
6. Amount of the Nonre	curring Request f	or Fiscal Year	2024-2025					
Type of Funding			Amo					
Operations				500,000				
	Fixed Capital Outlay			0				
Total State Funds Re	equested			500,000				
7. Total Project Cost for	Fiscal Year 2024	-2025 (includir	ng matching funds ava	ilable for this proje	ect)			
Type of Funding			Amount	Percentage				
Total State Funds Requested (from question #6)		tion #6)	500,000	76%				
Matching Funds								
Federal			0	0%				
State (excluding the amount of this request)		0	0%					
Local			155,000	24% 0%				
	Other  Total Project Costs for Fiscal Year 2024-2025							
Total Project Costs 1	or Fiscal Tear 202	24-2025	655,000	100%				
8. Has this project prev	iously received s	tate funding?	No					
Fiscal Year	Amo	unt	Specific	Vetoed				
(уууу-уу)	Recurring	Nonrecurring	Appropriation #					
9. Is future funding like	ly to be requested	<b>ქ?</b>	Yes					
a. If yes, indicate nor	nrecurring amoun	t per year.	300,000					
b. Describe the source	ce of funding that	can be used i	n lieu of state funding.					
Local funding (govern	nment and donors)							
10. Has the entity reque	esting this project	received anv	federal assistance rela	ted to the COVID-	19 pandemic?			



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Complete questions 11 and 12 for Fixed Capital Outlay Projects	

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

I. Status of Const a. What is the c		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 e	stimated comple	etion date of constru	ction?		
		o receive, directly or ers of the facility and		ital outlay funding. 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		
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Transportation service is greatly needed for youth and families being served by this program activities. This service will help us with increasing the number of clients served during both weekly and monthly activities. (\$12,000). In addition, the cost of supplies/indirect services for youth and family participants will increase, as well. (\$30,000)	70,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Assistant Director is directly responsible with program activities. This line item includes benefits.	30,500
Expense/Equipment/Travel/Supplies/ Other	Purchase office space (544 square feet) within the zone area served by the organization.	300,000
Consultants/Contracted Services/Study	The line item includes cost of mentors, CPA, and yearly space rental.	47,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	500,000



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

These funds will help our organization to expand services to youth (ages 10 - 24) residing in underserved communities by implementing youth mentoring services that will help them to develop character, confidence, leadership, discipline, self-esteem, and positive life skills. The mission of this organization is to improve the quality of life for community residents by implementing at-risk youth mentoring activities, educational support, and performing arts projects.

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

Workshops offered include financial literacy/budgeting, healthy lifestyles, entrepreneurship, and life-social skills/etiquette training activities that are non-duplicated in public schools' settings. Music-related activities allow students to gain hands-on audio digital tech experience, basic piano, songwriting composition, music recording production, and talent showcase performance opportunities.

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

Direct services include, but not limited to, workshops financial literacy, entrepreneur training, health wellness, employability skills, gang resistance, social responsibility, parenting skills, human trafficking, police/community relations, tertiary education (career/college), piano lessons, songwriting, recording production, drumming-for-mental health, performances.

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

Target population are students ages 10 -24 residing in underserved communities in Orange County, Florida. The total number of students to be served is 125.

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

EXPECTED OUTCOME: #1 - Reduce recidivism/Divert from Criminal/Juvenile Justice System (80%); and #2 - Enhance specific individuals economic self-sufficiency (30%) from obtaining jobs while preparing for careers, business-ownership, and college.

METHODOLOGY: #1 - Job training/business development/career/college preparation workshop completed; and #2 - conduct on-going monitoring of referrals, attendance records, and follow-up contacts.

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?

The organization will return the funding to the State if deliverables are not met.

15. Requester Contac	t Information				
a. First Name	Gwen	Last Name	Covington		
b. Organization	So You Want Your Name In Lights Corporation				
c. E-mail Address	yournameinlights09@gmail.com				
d. Phone Number	(321)217-4493	Ext.			
16. Recipient Contact Information					
a. Organization	So You Want Your Name In Lights Corporation				
b. Municipality and County Orange					
c. Organization Type					
□For Profit Entity					



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☑Non Profit 501(c	c)(3)				
□Non Profit 501(c	2)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Gwen	Last Name	Covington		
e. E-mail Address	yournameinlights09@gm	ail.com			
f. Phone Number	(321)217-4493				
17. Lobbyist Contact Information					
a. Name	None				
b. Firm Name					
c. E-mail Address					
d Phone Number					