

1. Project Title

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

New Image Youth Center

LFIR # 2864

2. Senate Sponsor	Geraldine Thompson						
3. Date of Request	01/03/2024						
4. Project/Program Do	escription						
Orlando, a low-incor programming for chi change in that time, better meet our miss	Center is one of the longest-seme, high-needs community. Fildren in grades K-12 at no colour small facility is now filled sion and safely serve our yout est is for \$500,000 for capital at Youth Center.	or over 18 st to famili to capacit th, the NIY	years, NIYC has pro es. While our dedica y, forcing us to place C Board of Directors	ovided year-round af tion to the children of interested families of is securing a new fa	fter-school and summer of Parramore hasn't on a waiting list. To acility. Our		
5. State Agency to re	ceive requested funds	Departme	ent of Education				
State Agency conta	acted? No						
6. Amount of the Non	recurring Request for Fisca	l Year 202	24-2025				
Type of Funding			Amo	unt			
Operations				0			
Fixed Capital Outlay	1		500,000				
Total State Funds	Requested		500,000				
7. Total Project Cost f	or Fiscal Year 2024-2025 (in	ncluding r	natching funds ava	ilable for this proje	ct)		
Type of Funding			Amount	Percentage			
Total State Funds R	equested (from question #6)		500,000	33%			
Matching Funds							
Federal			0	0%			
State (excluding the	amount of this request)		0	0%			
Local			0	0%			
Other			1,000,000	67%			
Total Project Costs	s for Fiscal Year 2024-2025		1,500,000	100%			
8. Has this project pro	eviously received state fund	ding?	No				
Fiscal Year	Amount		Specific	Vetoed			
(уууу-уу)	Recurring Nonrec	curring	Appropriation #				
	j						
9. Is future funding lil	kely to be requested?		No				
a. If yes, indicate n	onrecurring amount per yea	ar.					
- '	urce of funding that can be		ou of state funding				
ט. טפטטוטפ נוופ 500	urce of fulluling that call be	us c u III II	eu or state fullullig.				

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



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Yes	
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

11. Status of Constructior

a.	What is	the	current	phase of	f the	project?	
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We received \$21,670 as part of the COVID-19 PPP award.

Planning	Design	Construction	O N/A		
b. Is the project "	'shovel ready" ((i.e permitted)?		No	
c. What is the estimated start date of construction?				March 2024	_
d. What is the es	timated comple	tion date of construc	tion?	April 2025	

12. List 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.

We are in the process of purchasing a new building. Upon execution of a sale, the owner of the building will be New Image Youth Center, which will operate the facility as a dedicated youth center.

13. 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		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	The requested funds will support capital expenses related to the renovation of a new facility for the New Image Youth Center.	500,000
Total State Funds Requested (m		500,000

14. Program Performance

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

The requested funds will support capital expenses related to the renovation of a new facility for the New Image Youth Center.

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



d. First Name

Shanta

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We will work with licensed and qualified contractors for all design and renovation activities of a new facility to house New Image Youth Center. The new facility will increase square-footage and functionality of the space.

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

NIYC provides year-round youth programs for at-risk children and young adults, ages 5-26. Services include academic supports, health and wellness, life skills programs, mentorship, crisis intervention, clinical mental health services, and positive youth development activities.

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

NIYC provides year-round youth programs for at-risk children and young adults, ages 5-26. Services include academic supports, health and wellness, life skills programs, mentorship, crisis intervention, clinical mental health services, and positive youth development activities. We serve over 130 youth annually at our current facility, and expect that number could grow to over 200 with a new building.

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

The primary benefits of this specific project will be to secure a safe, permanent location for our current youth participants and to expand our capacity to enroll additional children in our youth development programming. We will measure this outcome using attendance records.

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?

Funds would be returned to state for failure to meet deliverables. 15. Requester Contact Information Last Name Barton-Stubbs a. First Name Shanta New Image Youth Center b. Organization c. E-mail Address | sstubbs@newimageyouth.org **d. Phone Number** (321)388-1627 Ext. 16. Recipient Contact Information a. Organization New Image Youth Center b. Municipality and County | Orange c. Organization Type □For Profit Entity ✓ Non Profit 501(c)(3) □Non Profit 501(c)(4) □Local Entity □University or College □Other (please specify)

Last Name Barton-Stubbs



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e. E-mail Address	sstubbs@newimageyouth.org	
f. Phone Number	(321)388-1627	
17. Lobbyist Contact I	nformation	
a. Name	None	
b. Firm Name		
c. E-mail Address		
d. Phone Number		