

1. Project Title

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

Life Skills 360 Training Institute

LFIR # 3045

2.	Senate Sponsor	Darryl Rouson						
3.	Date of Request	11/20/2023						
4.	Project/Program Do	escription						
	The Life Skills program will operate statewide by connecting with the Community Based Care Lead Agencies (CBCs) to schedule a 2–3-day workshop training for the youth ages 11-22 involved in the foster care system. Through our evidence-based curriculum, the youth will learn skills and techniques to enhance their social, behavioral, and financial skills. Some of the training topics will include managing anger, decision making, how to deal with stress, coping with anxiety, healthy relationships, effective communication, assertiveness, characteristics of good friend, study skills, effects of alcohol/substance use, and money matters financial literacy. Youth will be assigned a Life Skills case manager to continue to work with them after the training to assist youth in utilizing the skills in their daily life routines. The goal is to help youth reduce behavioral issues and increase their productivity in school or work.							
5.	State Agency to re	ceive requested funds	Departme	ent of Children and F	amilies			
	State Agency conta	acted? No						
6. /	Amount of the Non	recurring Request for F	iscal Year 20	24-2025				
	Type of Funding			Amount				
	Operations				350,000			
	Fixed Capital Outlay	<i>l</i>			0			
	Total State Funds	Requested		350,000				
7.	Total Project Cost f	or Fiscal Year 2024-202	25 (including	matching funds ava	ilable for this proje	ect)		
	Type of Funding			Amount	Percentage			
		equested (from question	#6)	350,000	100%			
1	Matching Funds				201			
	Federal Control of the control of th			0	0%			
		amount of this request)		0	0%			
	Local			0	0%			
	Other	s for Fiscal Year 2024-2	025	3 50,000	0% 100%			
l	Total Project Costs	5 101 F15Cai 1 eai 2024-2	023	350,000	100 /6			
8.	Has this project pro	eviously received state	funding?	No				
	Fiscal Year (уууу-уу)	Amount Recurring No	onrecurring	Specific Appropriation #	Vetoed			
9.	ls future funding lil	kely to be requested?		No				
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 req	uesting this project red	eived any fed	leral assistance rela	ted to the COVID-1	9 pandemic?		



11. Status of Construction

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No						
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

a. What is the current phase of the project?					
Planning	O Design	Construction	O N/A		
b. Is the project	No				

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.

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

d. What is the estimated completion date of construction?

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	CEO's travel to site locations to meet with the Community Based Care lead agencies (CBCs) and attend youth trainings to supervise and monitor staff performance and ensure curriculum fidelity; and attend training and conferences.	5,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Staff who will be providing training, case management, curriculum development, supervision, and coordination of classes for the CBCs and the youth. Cost for 8 staff to work with the youth.	217,000
Expense/Equipment/Travel/Supplies/ Other	Youth education curriculum, books and materials, youth supplies, training supplies/equipment, youth and volunteer stipends, outreach materials, assessment tools, case management data base, travel, transportation for staff and youth, computers, software, behavioral incentives for participants, and staff training.	128,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	350,000

14. Program Performance



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

The purpose is to teach youth how to manage anger, make decisions, and learn assertiveness skills and techniques to deal with stress & anxiety, effective communication, effects of alcohol/ substance use, and financial literacy. We utilize an evidence-based prevention curriculum to help improve behavior, prevent juvenile delinquency, & reduce substance use. The goal is for the youth to gain the knowledge, skills, motivation, self-esteem and drive necessary to seize life's opportunities & to become self-sufficient once they leave the foster care system, and help stabilize their living placements.

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

Provide trainings, workshops, case management support, discussions, activities, guides, curriculum and a toolbox learning kit to help youth learn to improve their behavioral and social skills in the following areas: manage anger, make decisions, assertiveness skills, techniques to deal with stress & anxiety, effective communication, financial literacy and self-esteem. We will also incorporate behavioral incentives and rewards for youth skills achievement and participation.

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

Training, workshops, and individual case management support to assist youth to implement skills learned to help reduce behavioral issues and improve mental health wellness. Youth stipends and/or items such as personal hygiene products, electronics, educational games, wellness gadgets, and other suggested items for program completion.

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

The target population are youth involved in the child welfare system of care from age 11 up to 22. Youth that have issues with being in a stable placement due to behavior issues, youth who are also involved with juvenile justice, and youth who are preparing for independent living could benefit from the program tremendously. We expect to serve an estimated 200-225 youth.

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

1.Improved Mental Health-youth will have increase knowledge of strategies to manage their anger, emotions, stress and anxiety which are all factors in youth having mental health issues.2. Enhance youth economic self-sufficiency- Youth will enhance their ability to maintain employment with learning the soft social -emotional learning skills and by learning financial literacy to become self-sufficient. 3. Reduce recidivism- youth that has contact with the juvenile delinquency system will not commit any new offensives while involved with program. 4 Divert youth from the criminal/Juvenile Justice system-Youth in the program will not have any involvement with the juvenile justices system 5. Improved Physical Health & hygiene- youth will have increased knowledge of appropriate health, safety, and hygiene practices. Methodology used to measure outcomes will consists of utilizing curriculum pretest and post-test results. Post test should demonstrate an increase in youth's knowledge & skills.

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?

Financial penalties should be applied for any deliverables and performance measure outcome that the organization does not achieve according state standard.

15. Requester Contact	t Information					
a. First Name	Kayetrenia	Last Name	Nichols			
b. Organization	Joshua Way of Hope, Inc					
c. E-mail Address	Kayetrenia.Nichols@JoshuaWayofHope.org					
d. Phone Number	(813)361-4935	Ext.				
16. Recipient Contact Information						
a. Organization	Joshua Way of Hope, Inc					



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b. Municipality and	County	Statewide				
c. Organization Ty _l	c. Organization Type					
□For Profit Entity	□For Profit Entity					
☑Non Profit 501(c	☑Non Profit 501(c)(3)					
□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	Kayetren	ia	Last Name	Nichols		
e. E-mail Address	Kayetrenia.Nichols@JoshuaWayofhope.org					
f. Phone Number	(813)361-4935					
17. Lobbyist Contact Information						
a. Name	None					
b. Firm Name						
c. E-mail Address						
d. Phone Number						