

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

LFIR # 3682

| 1. Project Title | Youth Crime Pro | vention Program | - Youth UpSkill Acader | nv | | |
|---|---|---|--|---|------------------|--|
| 1. I Toject Title | Touth Online File | vention rogiam | Toda Opokiii Acadei | i y | | |
| 2. Senate Sponsor | Shevrin Jones | | | | | |
| 3. Date of Request | 01/23/2024 | | | | | |
| 4. Project/Program D | escription | | | | | |
| public. Our areas of reduction of behavior | f focus will be family oral delinguency with | and behaviors of nin the schools. Ti | Program resources to our youth while partner the purpose of this fund or youth to grow and m | ring with the schools ing is to provide alte | s to support the | |
| 5. State Agency to re | ceive requested fu | nds Departr | ment of Juvenile Justice | 9 | | |
| State Agency cont | | for Fiscal Year 2 | 024-2025 | | | |
| Type of Funding | | | Amo | unt | | |
| Operations | | | | 200,000 | | |
| Fixed Capital Outla | у | | 0 | | | |
| Total State Funds | Requested | | | 200,000 | | |
| 7. Total Project Cost Type of Funding | for Fiscal Year 202 | 4-2025 (including | g matching funds ava Amount | ilable for this proje Percentage | ect) | |
| | Requested (from que | estion #6) | 200,000 | 100% | | |
| Matching Funds | | | | | | |
| Federal | | | 0 | 0% | | |
| State (excluding the | amount of this requ | uest) | 0 | 0% | | |
| Local | | | 0 | 0% | | |
| Other | | | 0 | 0% | | |
| Total Project Cost | s for Fiscal Year 20 | 24-2025 | 200,000 | 100% | | |
| 8. Has this project pr | eviously received | state funding? | Yes | | | |
| Fiscal Year | Amo | ount | Specific " | Vetoed | | |
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | | |
| 2022-23 | 0 | 150,00 | 00 | No | | |
| 9. Is future funding li | kely to be requeste | ed? | Yes | | | |
| a. If yes, indicate nonrecurring amount per year. | | | 200,000 | | | |
| b. Describe the so | urce of funding tha | at can be used in | lieu of state funding. | | | |
| NA | | | | | | |
| 10. Has the entity rec | questing this projec | ct received any fo | ederal 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. | |
|--|--|-----------------|
| NA | | |
| Complete questions 1 | 11 and 12 for Fixed Capital Outlay Projects | |
| 11. Status of Construction | | |
| a. What is the current phas | e of the project? | |
| Planning Design | n Construction N/A | |
| b. Is the project "shovel rea | ady" (i.e permitted)? | |
| c. What is the estimated sta | art date of construction? | |
| d. What is the estimated co | empletion date of construction? | |
| 12. List the owners of the fac relationship between the | ility to receive, directly or indirectly, any fixed capital outlay fundi owners of the facility and the entity. | ng. Include the |
| | | |
| 13. Details on how the reques | ted state funds will be expended | |
| Spending Category | Description | Amount |
| Administrative Costs: | | |
| Executive Director/Project Head | Executive Director, 2-Pt-Time Program Managers | 75.00 |

| Spending Category | Description | Amount |
|---|---|--------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | Executive Director, 2-Pt-Time Program Managers | 75,000 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | Travel, milage computers, internet services, presentation supplies. | 20,000 |
| Consultants/Contracted Services/Study | Auditor, and Legal consultant, Data Specialist, Bookkeeper, Data Systems Manager | 30,000 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Computers, Web, Field Trips, Telephone, Insurance, Liability Coverage, Transportation, Utilities, Security, Field Print Background Checks, Pinter, Office basic supplies -paper, folders, pens), facility rental, Misc., etc. | | 20,000 |
| Consultants/Contracted Services/Study | Itants/Contracted Behavioral modifications, Consultant, 3-Facilitations Writing Group | |
| Fixed Capital Construction/Majo | r 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?



15.

16.

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The purpose is to provide EL-Beth-El's Youth Mentoring Program resources to prevent Juvenile Crime and protect the public. Our areas of focus will be family and behaviors of our youth while partnering with the schools to support the reduction of behavioral delinquency within the schools. The purpose of this funding is to provide alternative avenues and activities to defer delinquency and provide a safe haven for youth to grow and mature to become productive citizens within Duval County.

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

Interpersonal Skills Training, Behavior Modification Training, Community Involvement and volunteering, and partnering with agencies to provide jobs as an introduction into becoming a productive citizen. Sports and Cultural Education.

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

Interpersonal Skills, Behavior Modification Training Community Involvement and volunteering and partnering with agencies to provide jobs as an introduction into becoming a productive citizen.

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

Targeted population located in Duval County with the currented targeted population and segment of community: (1) At risk youth. (2) Economically disadvantaged persons (3) Grade School Students (4) High School Students (5) University/College Students (6) Currently or formerly incarcerated persons (7) Drug offenders (in criminal justice) (8) Victims of crime. The number to be serviced are 51-100 persons. However, the program will not turn anyone away and if the individual falls outside of the age range of 16-24 we will attempt to redirect them to an appropriate program.

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

Persons who will benefit are: (1) At risk youth. (2) Economically disadvantaged persons (3) Grade School Students (4) High School Students (5) University/College Students (6) Currently or formerly incarcerated persons (7) Drug offenders (in criminal justice) (8) Victims of crime

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?

Our failure to meet deliverables is detailed in the documentation. However, our failure on deliverables means we fail this community which desperately needs the services we provide. Prevention, mentoring and coaching are the stability which this community is in need of to overcome this crisis. Should we fail, we fail the children, we fail the promises we made as a community to ensure our children have access to opportunity. Please deliverables included below.

| Requester Contact | t Information | _ | | | |
|-------------------------------|-----------------------------------|-----------|-----------|--|--|
| a. First Name | Bishop Lorenzo | Last Name | Hall, Sr. | | |
| b. Organization | El-Beth-El Developmet Center, Inc | | | | |
| c. E-mail Address | Gospell75@aol.com | | | | |
| d. Phone Number | (904)710-1586 | Ext. | | | |
| Recipient Contact Information | | | | | |
| a. Organization | El-Beth-El Developmet Center, Inc | | | | |
| b. Municipality and | d County Duval | | | | |
| c. Organization Ty | ре | | | | |
| □For Profit Entity | | | | | |
| ☑Non Profit 501(c | c)(3) | | | | |
| | | | | | |



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| □Non Profit 501(c | c)(4) | | | |
|------------------------|------------------------|-----------|-----------|--|
| □Local Entity | □Local Entity | | | |
| □University or Co | □University or College | | | |
| □Other (please sp | pecify) | | | |
| d. First Name | Bishop Lorenzo | Last Name | Hall, Sr. | |
| e. E-mail Address | Gospell75@aol.com | | | |
| f. Phone Number | (904)710-1586 | | | |
| 17. Lobbyist Contact I | nformation | | | |
| a. Name | None | | | |
| b. Firm Name | | | | |
| c. E-mail Address | | | | |
| d Phone Number | | | | |