



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3185

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Florida Youth Leadership, Mentoring and Character Program, Inc. is requesting to continue replication of this nationally award-winning youth leadership, mentoring and character development program as a statewide pilot program in Leon, Pinellas and Volusia counties. This program promotes self-sufficiency, life skills, character development, childhood obesity prevention, cultural awareness and community service while also establishing community-based mentors for students.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	500,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	250,000	86	No

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Other funding sources would be explored.

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



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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 Construction

a. What is the current phase of the project?

- Planning
 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 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

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	8% - Accountant and Program Consultants	40,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	50% - Program supplies, materials, travel, printing and statewide collaboration	250,000
Consultants/Contracted Services/Study	42% - Contracted Program Services and Events	210,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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

The FL Youth Leadership, Mentoring and Character Program, Inc. is requesting to continue replication of Leon County's Tallahassee Chapter of The Links, Incorporated's nationally award-winning youth leadership, mentoring and character development program as a statewide pilot program in Leon, Pinellas and Volusia counties. This program promotes self-sufficiency, life skills, character development, childhood obesity prevention, cultural awareness and community service while also establishing community-based mentors and scholarships for students.

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



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Curriculum based instruction sessions, educational and cultural site visits and tours, mentoring sessions and childhood obesity prevention engagement will be provided for intended purpose of funds.

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

Educational and life skills instruction, childhood obesity prevention and mentoring support for youth are the direct services that will be provided to citizens.

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

Target population is economically disadvantaged and at-risk high school students. Between 100 and 150 high school students are expected to be served.

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

Improved Physical Health through childhood obesity prevention and healthy lifestyles curriculum instruction and engagement in physical movement and exercise at each program session. Improved Mental Health through a life skills curriculum session. Enriched Cultural Experience through cultural presentation sessions, tours and involvement. Improve Quality of Education through high quality leadership and life skills development, cultural and character education curriculum sessions and exposure to the value and benefits of education. Enhanced economic self-sufficiency through exposure to education's impact on quality of life through curriculum sessions and activities. Criminal/Juvenile Justice System Diversion through a legal rights and responsibilities curriculum session, community mentors and coaching and encouragement. Benefits and outcomes will be measured by Attendance rosters, Student Evaluative Surveys, Parent Evaluative Surveys, Student Pre and Post Program Evaluations.

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?

Performance penalties may include reduction in program appropriations commensurate with deliverable(s) not met or a repayment requirement.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity



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University or College

Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number