

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Ladies Learning to Lead (L3) - Girls At-Risk Leadership Program
2. Date of Submission: 10/08/2019
3. House Member Sponsor: Loranne Ausley  
Members Copied: Ramon Alexander

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
***If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E***
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					300,000	300,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Juvenile Justice
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.  
Reduction or loss of funds

6. Requester:

- a. Name: Samantha Vance
- b. Organization: Ladies Learning to Lead (L3)
- c. Email: sam@L3Ladies.org
- d. Phone #: (850)445-3144

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Samantha Vance
- b. Organization: Ladies Learning to Lead (L3)
- c. Email: sam@L3Ladies.org
- d. Phone #: (850)445-3144

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Darrick McGhee
- b. Firm: Johnson & Blanton
- c. Email: Darrick@teamjb.com
- d. Phone #: (850)321-8469

9. Organization or Name of entity receiving funds:

- a. Name: Ladies Learning to Lead (L3)
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Gadsden, Leon, Wakulla

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

To increase public safety through prevention and education for female juveniles experiencing hardship and lack of resources. Providing intervention services, education, and nurturing environments through the Girls At-Risk Leadership Program to change lives in positive direction for young ladies who are troubled. The program serves girls in middle and high school focusing on career mentoring curriculum and activities pairing them with a mentor for 10 months to promote effective intervention.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Program Director	25,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Fringe Benefits	1,900
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel out of town for meetings and events	2,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Accounting services and insurances	7,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries for case managers (3), program support specialists (3), and fringe benefits	80,736
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Computer equipment, ADA compliant furniture, program supplies, phone, program venue rent, postage, and background screening	180,364
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Consulting services for program evaluation and strategic planning	3,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Public hearings, letters of support from parents, program participants, and local leaders and philanthropists; major organization backing from National corporations, state and local businesses.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Areas served are identified as promise zone areas, marked by the federal government, where a large number of disadvantaged youth reside.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Monthly one-on-one training from mentors and program coordinators from curriculum, and hands-on learning activities, field trips to educational places such as Universities, symphonies, sports activities for leisure time with mentors, and training workshops to support prevention and academic readiness.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Education and prevention treatment services, safe and nurturing environment for mentoring, training, leadership development, job readiness skills, college and career preparation, and life skills for managing in the real world independently.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50

- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Increase the number of girls engaged physically	Survey from participants and pre/post tests
<input checked="" type="checkbox"/> Improve mental health	Increase the number of girl's confidence and self-esteem	Survey from parents, participants, and tests
<input checked="" type="checkbox"/> Enrich cultural experience	Increase the number of events girls attend around others of different nationalities	Survey from parents, participants, and tests
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Increase the number of girl's school attendance	Survey from parents, participants, and tests
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Increase the number of girl's positive activities, field trips, and self-worth	Survey from parents, participants, and tests
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		

<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increase the number of girl's financial literacy	Survey from participants and pre/post tests
<input checked="" type="checkbox"/> Reduce recidivism	Decrease the number of girls returning to the Juvenile Justice System	Survey from participants
<input checked="" type="checkbox"/> Reduce substance abuse	Increase the number of girls avoiding drugs	Survey from participants and pre/post tests
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Decrease the number of girl referrals	Survey from participants
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	300,000	73.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	90,000	21.9%	Yes
4. Local:	9,000	2.2%	Yes

5. Other:	12,000	2.9%	Yes
TOTAL	411,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No