

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: League to Make a Difference For Our Youth
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Anna Eskamani
Members Copied:

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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					113,115	113,115

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? No
 - 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.
Return funds not used in a verifiable (photographic documentation, invoices and receipts, on-site inspection, etc.) fashion.

6. Requester:

- a. Name: Jennifer Adams
- b. Organization: League to Make a Difference for Our Youth Foundation
- c. Email: LMDFY@teachers.org
- d. Phone #: (407)754-7889

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

- a. Name: Jennifer Adams
- b. Organization: League to Make a Difference for Our Youth Foundation
- c. Email: LMDFY@teachers.org
- d. Phone #: (407)754-7889

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: League to Make a Difference for Our Youth
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Lake, Orange, Osceola, Seminole

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) Entity is in the process of registering as a for-profit LLC.

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

Support youth and their families of limited means through scholarships for sports participation, sports equipment, financial assistance, childcare, transportation, team travel, counseling, training, and wrap-around services to assist parents, children and our communities to break the epidemic and systemic cycles of poverty, child endangerment, substance abuse and mental health issues.

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	Director of Operations who will manage the outreach process as well as the day-to-day operations of the organization providing assistance in the form of scholarships to/for: sports participation, sports equipment/uniforms, financial assistance, childcare, transportation, travel, counseling, training, community awareness, and wrap-around services.	38,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Sports equipment, sports travel, marketing materials, transportation, sports registration fees, and staff training	67,615
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Counseling and training service consultants	7,500
Operational Costs:		

<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		113,115

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:

Collaborative partnership with: Law Enforcement: Maitland Police Department (Child Endangerment and Substance Abuse interviews and report) 10/19 and 11/19; Seminole County Sheriff's Office (Child Endangerment Task Force, 1/19), Orange County Sheriff's Office (Point in Time Count 1/19), League of Women Voters (9/19-11/19); MADD (Mothers Against Drunk and Drugged Driving) (10/19); City of Winter Park (7/19); Florida Citrus Sports (7/19), etc.

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:

Reviewed and report by Central Florida Youth Foundation and MADD with latest revision on 11/13/19. Currently unfunded position of Director of Operations.

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?

Activities and services in the form of scholarships to/for sports participation, sports equipment/uniforms, financial assistance, childcare, transportation, team travel, counseling, training, community awareness, and wrap-around services to assist parents, children and our communities Salary for Director of Operations who will oversee the compliance, marketing, as well as the agency's day-to-day operations.

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

Scholarships for sports participation, sports equipment/uniforms, financial assistance, childcare, transportation, travel, counseling, training, community awareness, and wrap-around services to assist parents, children and our communities to break the cycle of poverty, child endangerment, substance abuse and mental health issues through sports participation, financial assistance, and providing the resources needed and necessary to do so.in order for participants to be successful and sustainable.

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): Victims of child endangerment and abuse

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	Case Manager will assist Clients in enrolling in Medical care and monitor for compliance	Self-report as well as reports from health care provider(s)
<input checked="" type="checkbox"/> Improve mental health	Case Manager will assist Clients enrolling into Mental Health Care	Self-report as well as reports from Mental Health Professionals
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Case Manager will assist Clients enrolling in schools for FTC scholarships and apply for available and/or pertinent community or school financial assistance	Attendance Reports, Athletic Scholarships, Graduation and College Scholarships

<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.)	Breaking the cycle of poverty and substance/mental abuse through awareness, sports, training, and community involvement	Self-report as well as reports from Mental Health Professionals
<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	Assist with finding affordable and adequate housing for Client and their family	Self-reports as well as reports from past program participants and families
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Case manager will assist Clients and their families with enrolling in reputable treatment programs	Self-report as well as reports from health care provider(s)
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Breaking the cycle of poverty and substance/mental abuse through awareness, sports, training, and community involvement	Self-reports as well as reports from past program participants and families
<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:	113,115	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	113,115	100%	

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

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 years

>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

ongoing activity – no total cost

<1M

1-3M

>3-10M

>10M