## **Budget Detail Request - Fiscal Year 2016-17**

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: : Transforming Youth Through Modern Mentoring

2. Date of Submission: 02/27/20163. House Member Sponsor(s): Erik Fresen

## 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
- 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? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request  for FY 2016-17  (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
Column:	Α	В	С	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					0	315,000	315,000

e.	New Nonrecurring Funding Requested for FY 16-17 will be used for:							
	<b>☑</b> Operating Expenses	☐Fixed Capital Construction	□Other one-time costs					
		•						
f.	f. New Recurring Funding Requested for FY 16-17 will be used for:							
	□Operating Expenses	☐Fixed Capital Construction	□Other one-time costs					

## 5. Requester:

a. Name: <u>Daniel Puder</u>

b. Organization: My Life My Power World, Inc

c. Email: DP@mylifemypower.org

d. Phone #: (408)529-3356

- 6. Organization or Name of Entity Receiving Funds:
  - a. Name: My Life My Power World, Inc
  - b. County (County where funds are to be expended) Broward, Miami-Dade
  - c. Service Area (Counties being served by the service(s) provided with funding) <u>Broward, Miami-Dade</u>
- 7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project?s intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

My Life My Power is a 501c3 Non-Profit with a year-round evidence-based curriculum that provides a highly effective youth diversion and mentoring program. We focus on utilizing positive psychology and motivational interviewing to provide long term solutions to bullying, recidivism, gangs, drug and alcohol abuse, truancy, etc. By developing purpose driven youth they then abstain from delinquent behavior thus leading to more productive and thriving students, schools, families, and communities.

This project will impact 30,000 youth (K-12) and 4,000 educators in 40 schools. Project begins with an hour assembly at each school, teachers undergo an hour training and each student receives the curriculum to do in their classrooms with their teacher as the facilitator.

Salaries/Training: \$750/school for trainers, assembly speakers, teacher workshops = \$30,000

Operational Expenses: a) \$15,000 (student curriculum: \$10/student with average of 750 students/school = (\$7,500); and b) Teacher professional development licensing fees: \$75/educator with average of 100 educators = (\$7,500)

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: <u>0</u>

Other: <u>0</u>

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