

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Leaders Ignited For Transformation (LIFT) Initiative

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Tracie Davis

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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
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)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					750,000	750,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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 Education

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.

Dissolution of funding and non consideration of 2019-2020 request.

6. Requester:

- a. Name: Eric Fraill
- b. Organization: 100 Black Men of Tallahassee Area, Inc.
- c. Email: ericfriall@gmail.com
- d. Phone #: (850)322-1860

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

- a. Name: Charles Griggs
- b. Organization: 100 Black Men of Jacksonville, Inc.
- c. Email: charles@8wgroup.com
- d. Phone #: (904)607-0660

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

- a. Name: Sean Pittman
- b. Firm: Pittman Law Group
- c. Email: sean@pittman-law.com
- d. Phone #: (850)216-1002

9. Organization or Name of entity receiving funds:

- a. Name: 100 Black Men of Tallahassee Area, Inc.
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Duval, Escambia, Hillsborough, Lee, Leon, Miami-Dade, Orange

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?

Project LIFT is focused on reducing at-risk behavior norms, restoring self-esteem, promoting academic success, exposing mentees to varied academic and career options and paths, providing a positive and successful male image, and a focus on making good choices/decisions.

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	Executive Director (ED) coordinates Florida 100 LIFT activities statewide. All Program Coordinators report to ED. (1 FTE)	60,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Administrative Assistant (0.5 FTE)	26,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Notepads (128), computers (19), printing, STEM kits (8), promotions & marketing, participant ?T? shirts, travel and Annual 100 BMOA Youth Conference & College Tours.	472,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Information technology support, training and evaluations.	192,000
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		750,000

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)

N/A

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?

No

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

No

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?

Understand how to manage societal encounters (law enforcement, gangs, bullies. etc.), Provide techniques on staying motivated through positive interactions and communications, Reduce barriers which hinder academic success, Increase financial literacy, Introduce career coaching and collegiate and military experiences, Promote a sense of ownership of the community, Stimulate STEM proficiency and leadership

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

Florida 100 LIFT offers a variety of mentoring experiences. They include the Saturday Success Academy, Summer Success Academy, After-School Mentoring, In-School Mentoring and One-on-One Mentoring.

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Suicide Prevention awareness	Attendance in sessions with pre/post test

<input checked="" type="checkbox"/> Enrich cultural experience	Exposure to cultural experiences	Attendance during cultural events/sessions
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Exposure to production and management of community gardens	Attendance during garden planning and work sessions
<input checked="" type="checkbox"/> Improve quality of education	Improve Reading Grade Levels	Measured by local school system
<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.)	Exposure to criminal justice education activities	Attendance during sessions
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase business acumen and financial literacy	Attendance during financial literacy activities
<input checked="" type="checkbox"/> Increase tourism	Exposure to Florida colleges	Attendance during college tour Satisfaction survey
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Job readiness workshops	Attendance and pre/post test
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increase financial literacy	Attendance and pre/post test
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Exposure to smarter choices	Track substance abuse activity
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Exposure to smarter choices	Track Crim. Justice activity
<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 2018-19 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:	750,000	90.4%	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:	80,000	9.6%	Yes
5. Other:	0	0.0%	No
TOTAL	830,000	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 2018-19 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