Appropriations Project Request - Fiscal Year 2022-23

For projects meeting the definition of House Rule 5.14

1. Title of Project: Ladies Learning to Lead (L3)

2. Date of Submission: 11/16/2021

3. House Member Sponsor: Rene Plasencia

4. Details of Amount Requested:

a. Has funding been provided in a previous state budget for this activity? Yes

b. What is the most recent fiscal year the project was funded? 2021-22

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.

FY:	Input Prior Year Appropriation for this project for FY 2021-22 (If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)			(Requests	Develop New Funds Rec for FY 2022-23 for additional RECURRING fu	
Column:	А	В	С	D	E	F
Funds	Prior Year	Prior Year	Total Funds	Recurring Base	Additional Nonrecurring	TOTAL Nonrecurring plus
Description:	Recurring Funds	Nonrecurring	Appropriated	Budget	Request	Recurring Base Funds
		Funds				
Input Amounts:		100,000	100,000		700,000	700,000

e. Provide the total cost of the project for FY 2022-23 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	700,000	83.1%	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	42,000	5.0%	Yes

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5. Other	100,000	11.9%	Yes
TOTAL	842,000	100%	

5. Is this a multi-year project requiring funding from the state for more than one year? No

- 6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Children and Families
 - a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Loss or reduction in funding.

- 7. Requester:
 - a. Name: Fadriena Sutton
 - b. Organization: Ladies Learning to Lead (L3)
 - c. Email: fadriena@L3Ladies.org
 - d. Phone #: (850)445-3144
- 8. Contact for questions about specific technical or financial details about the project.
 - a. Name: Fadriena Sutton
 - b. Organization: Ladies Learning to Lead (L3)
 - c. Email: fadriena@L3Ladies.org
 - d. Phone #: (386)697-9103
- 9. Registered lobbyist working to secure funding for this project.
 - a. Name: Darrick D. McGhee, Sr.
 - b. Firm: Johnson & Blanton
 - c. Email: darrick@teamjb.com
 - d. Phone #: (850)224-1900
- 10. Organization or Name of entity receiving funds:
 - a. Name: Ladies Learning to Lead

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- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): <u>Statewide</u>
- 11. What type of organization is the entity that will receive the funds?
 - O For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Government
 - O University or College
 - O Other (Please describe)
- 12. What is the specific purpose or goal that will be achieved by the funds being requested?

COVID-19 has had a significant impact for underserved communities. We empower at risk young ladies to thrive in tough times exacerbated by a pandemic. Expanding our statewide Hybrid Career Mentoring Program assists more young ladies with career planning, college prep, interviewing, job skills, self-esteem building, and healthy social and emotional habits for stronger mental health. Due to the pandemic, precoded tablets are provided for virtual job-shadowing, online curriculum and study tools

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

Spending Category	Description	Amount Requested (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
☑a. Executive Director/Project Head Salary and Benefits	Program Director Salary, Fringe Benefits and Taxes	64,500
☑b. Other Salary and Benefits	Program Assistant Salary, Fringe Benefits and Taxes	26,000
☑c. Expense/Equipment/Travel/Supplies/Other	Travel, Meeting expenses, professional development	10,000

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☑d. Consultants/Contracted Services/Study	Accounting Services	17,000
Operational Costs:		
☑e. Salaries and Benefits	Direct Care Service managers and program specialists (six), Fringe Benefits and Taxes	237,000
☑f. Expenses/Equipment/Travel/Supplies/Other	Tablets pre-programmed and locked with online curriculum, study resources, and jobshadowing software. ADA compliant furniture, program supplies, phone, office rent, postage, and background screening	320,500
☑g. Consultants/Contracted Services/Study	Program evaluation, curriculum revision, strategic planning, IT services	25,000
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		700,000

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?

OFor Profit

ONon Profit 501(c) (3)

ONon Profit 501(c) (4)

OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

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OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

15. Is the project request an information technology project?

<u>No</u>

16. 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

a. 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.

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

a. Please Describe:

<u>Public hearings, letters of support from parents, program participants, and local leaders and philanthropists; major organization backing from national corporations, state and local businesses.</u>

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

<u>Yes</u>

a. 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 universities, and possible leisure time with mentors. Training workshops will be offered to support prevention and academic readiness. During this pandemic, our mission is now more critical than ever.

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

Education and prevention treatment services diversion, 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 exacerbated by a pandemic independently.

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c. 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)
d. How many in the target population are expected to be served?
O< 25
O25-50
O51-100
⊙101-200
O201-400
O401-800
O>800

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

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

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☐Enhance specific individual's economic self sufficiency	Increase # of girls' financial	Survey from participants, pre/post
	literacy	tests
☑Reduce recidivism	REDUCE RECIDIVISM: Decrease #	Survey from participants, pre/post
	of girls returning to juvenile	tests
	justice system and support mental	
	health	
☑Reduce substance abuse	Increase # of girls avoiding drugs	Survey from participants, pre/post tests
☑Divert from Criminal/Juvenile justice system	Decrease # of girl referrals	Survey from participants, pre/post tests
□Improve wastewater management		
□Improve stormwater management		
☐Improve groundwater quality		
☐Improve drinking water quality		
☐Improve surface water quality		
□Other (Please describe):		