



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3439

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds will be utilized at the Bay, Gadsden, and Graceville Correctional Facilities, as well as the Panama City and Miami North CRCs, to provide behavioral, educational, and employment programs and supports to residents who are within 12 months of release to improve their ability to live independently and successfully post-release. Specifically, the funds will be used to support dedicated reentry programs, post-secondary programs with local college partners, and a coding program.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	1,250,000
Fixed Capital Outlay	0
Total State Funds Requested	1,250,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,250,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,250,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	1,000,000	748	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No



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If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Indirect administrative costs associated with Northwest Florida State College's support of postsecondary programs at the facilities.	100,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Case Manager Coach at Gadsden to support Shaping Success for Women reentry program; salaries and benefits for part-time and full-time instructors provided by college partners.	340,000
Expense/Equipment/Travel/Supplies/Other	Desktop computers, cabling, and other infrastructure support to expand the coding program to one additional facility; equipment and supplies to deliver at least one additional college program.	300,000
Consultants/Contracted Services/Study	Contracts will be executed with a variety of external partners to provide a coding program at Gadsden and one additional facility, as well as on-site college programs and re-entry services at Gadsden, Graceville, Bay, Panama City CRC, and Miami North CRC.	510,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,250,000

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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b. What activities and services will be provided to meet the intended purpose of these funds?

The funds are being requested to implement a systematic approach to effective re-entry programming, including gender-responsive services, intensive case management, positive behavior management, training in computer coding, and college courses for incarcerated individuals.

c. What direct services will be provided to citizens by the appropriation project?

We will provide innovative reentry programs at all five facilities (Gadsden, Graceville, Bay, Panama City CRC, and Miami North CRC); we will provide a coding program at two facilities; and we will initiate new post-secondary programs with college partners (with the intent of converting them to Second Chance Pell programs) to help individuals succeed with life skills and employment post-release.

d. Who is the target population served by this project? How many individuals are expected to be served?

Incarcerated persons. 800+

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Developing the social/emotional, and technical skills that are the focus of both Shaping Success for Re-entry and the coding program will empower residents to be more employable, at higher wages, more quickly. The outcomes will be measured in several ways, including at minimum: program participation, number of mental health referrals, disciplinary infractions, percent of program completions/certifications, inmates' satisfaction/perception, incentive/sanction grid usage and staff feedback. Number of individuals obtaining employment, together with wage data, within 3 months and 6 months of release.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

It is understood that failure to meet deliverables without notifications of good reason will result in financial penalties as described in the contract.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

For Profit Entity

Non Profit 501(c)(3)



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- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number