

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: All Star Children's Foundation Campus of Caring
2. Date of Submission: 01/23/2017
3. House Member Sponsor: Jim Boyd
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
- 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 (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 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
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 Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:					3,000,000	3,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Children and Families

6. Requester:

- a. Name: Dennis McGillicuddy
- b. Organization: All -Star Children's Foundation
- c. Email: Dmcsnook@hotmail.com
- d. Phone #: (941)350-0354

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Dennis McGillicuddy
- b. Organization: All -Star Children's Foundation
- c. Email: Dmcsnook@hotmail.com
- d. Phone #: (941)350-0354

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Jerry Paul
- b. Firm: Capitol Access
- c. Email: JPaul@Capitolenergy.net
- d. Phone #: (850)386-5267

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: All- Star Children's Foundation
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): DeSoto, Manatee, Sarasota

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?

All-Star Children's Foundation is proposing to build a safe haven for abused children in a state-of-the-art, trauma sensitive campus. It will consist of 5 individual foster homes and a treatment program. The centerpiece of this project is the innovative, trauma-focused treatment that we will deliver in collaboration with Johns Hopkins All Children's Hospital. Our goal is to serve the children residing on our campus and all children in our child welfare system and general public.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
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 checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Campus Property, Site Work, Hard Costs (5 Homes), Remodel for Treatment & Admin Center, Soft	3,000,000

	Costs, FF&E, Contingency	
TOTAL		3,000,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if “h. Fixed Capital Outlay” was not selected, question 13 is not applicable)

- 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:

Letters from Judge Lee Haworth, Senior Circuit Judge Sarasota; Laura Gilbert, Interim President/CEO Sarasota YMCA; Tom Knight, Sheriff Sarasota County

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. Describe the target population to be served. 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
- Other (Please describe)

17b. 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 all 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	Children will return to healthy weight, have all their medical, vision and dental needs addressed.	Regular monitoring by pediatrician
<input checked="" type="checkbox"/> Improve mental health	Children will have extinguished their symptoms brought about by their trauma	Individualized trauma-centered therapy by certified trauma therapist.

<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Children will be up to grade level or have improved their academic grade level significantly	Regular, on-going tutoring provided by All-Star Children's Foundation, standing meeting with the child's teachers and support staff.
<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.)	The children we serve will not place themselves or others in a position of harm.	Our children will utilize healthy ways of coping with stress. Our children will develop healthy resilience skills.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	The children we serve will learn their self-worth, value and strengths	Our children will receive Life-Skills Trainings on daily/weekly basis that will help them identify their natural strengths and their areas of opportunity for growth.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Our youth will be prepared to work a part time job (when appropriate) and learn the value of working.	Our youth will show increasing understanding and competencies in their Life Skill Trainings which will prepare them for the job force.
<input checked="" type="checkbox"/> Reduce recidivism	Our children and families will learn healthy ways of coping with their individual and family stressors.	The children we serve will not re-enter the child welfare system once discharged.

<input checked="" type="checkbox"/> Reduce substance abuse	Our program will work with the children to cope with their life stressors, eliminate the symptoms of their trauma, therefore, no longer being victims of their past experiences.	The children we serve will not abuse substances. Our children will utilize healthy practices in dealing with stress.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	The youth we serve will learn to love themselves, respect themselves and see the value in their lives.	The youth we serve will not choose a life of crime as a means of coping with their stress. In addition, they will utilize their natural skills and talents to contribute to society in a healthy manner.
<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 2017-18 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	3,000,000	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	3,000,000	50.0%	Yes
TOTAL	6,000,000	100%	

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

No