

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Her Song Jacksonville - Housing and Services for Victims of Human Trafficking
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Cord Byrd
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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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 plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					735,600	735,600

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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 Children and Families
 - 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.
standard penalties including return of funds

6. Requester:

- a. Name: Rachel White
- b. Organization: Her Song Jacksonville
- c. Email: rachel@hersongjax.org
- d. Phone #: (904)513-0203

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

- a. Name: Rachel White
- b. Organization: Her Song Jacksonville
- c. Email: rachel@hersongjax.org
- d. Phone #: (904)513-0203

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Her Song Jacksonville
- b. County (County where funds are to be expended): Duval, Nassau, St. Johns
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

Her Song provides residential programming to adult female victims of sex trafficking with the goal of empowering and improving the health of victims through holistic programming. Her Song programs aim to reduce the life-altering effects of trafficking and assist survivors with trauma-informed, empowerment-focused and strength-based programming that intentionally address mental health, physical health, life skills, education and career development and move victims to health and self-sufficiency.

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	Licensed Clinician \$50,000	50,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Benefits	10,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel, phone	10,200
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Stipend for study & research in the area of trafficking, trauma, and post-traumatic growth to support research and development of best practices	25,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Residential & Program Staff: Licensed Counselor \$27,500 (50%) Residential Program Manager \$38,000 Residential Staff (4) \$61,880; Case Manager: \$38,000; Peer Recovery Specialist \$32,000; Victim Intake, Outreach, & Referral Coordinator: \$35,000; Admin support	270,000

	22,000; Development and Finance Support \$40,000; (plus WC, Unemp Ins, payroll tax	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Mllege, Cell Phones, Victim intake phone line; 10400	10,400
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Training National Network Memberships and Referral Networks	10,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Land Purchase and Site Planning for expansion of residential services to address the overwhelming number of referrals annually (over 275 in 2019) and an addition of a home for teen girls with a learning center on site.	350,000
TOTAL		735,600

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)

- 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 of support from State Attorney Melissa Nelson, Jacksonville Sheriff Mike Williams, NEFlorida Anti-trafficking task force. Resolution by Jacksonville City Council (Jan 2016; meeting to discuss housing support opportunities Aug 29,2019) Resolution by Mayor Glasser of Atlantic Beach (January 2019) FBI (Apr 2017)

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

Yes

16a. Please Describe:

The Women's Giving Alliance of the NE Florida Community Foundation published a study that concluded that successful recovery from trauma and addiction requires attention to both the substance abuse and to the trauma that is often the underlying cause. Her Song used this model for economic empowerment programming.

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?

Residential programming activities includes safe housing, 520 hours of post-trauma education, addiction and relapse prevention education; 80 hours min. of trauma counseling; 30 hours of survivor-led support groups; 520 hours of life-skills training and economic empowerment coaching; 520 hours of intensive case management. Additionally, community-based clients receive economic empowerment coaching and case management services.

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

Safe housing, food, clothing, intensive case management, access to health care and medications, trauma counseling, life skills, educational advancement opportunities, tutoring, career planning, transitional housing, community-based economic empowerment programming, outreach to and life skills for incarcerated victims, and statewide and national victim referral services.

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 checked="" type="checkbox"/> Improve physical health	Abstaining from substances including nictoine Improved Nutrition Physical Exercise Fewer/no emergency room visits Under the care of a primary care doctor Dental needs addressed	Bridge to Self-Sufficiency Goals as set by client and support staff for health Physician reports Fagerstrom & DAST Exercise and nutrition goals worksheets
<input checked="" type="checkbox"/> Improve mental health	Reduction in Mental Health Symptoms Consistent attendance to	Post-Traumatic Growth Inventory Beck Depression Inventory improved

	counseling sessions Attendance for daily programming	scores GAD 7 improved scores Complex Trauma Completion of Curriculum on strengths, skills, interests
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Client moves upward on one or more of the five pillars of health and wellbeing on the Bridge to Self-Sufficiency	Client moves upward on one or more of the five pillars of health and wellbeing on the Bridge to Self-Sufficiency
<input checked="" type="checkbox"/> Reduce recidivism	Client changes her thinking about how to solve her problems and implement a new health support system and sets goals for education and career to move toward self-sufficiency	Client changes her thinking about how to solve her problems and implement a new health support system and sets goals for education and career to move toward self-sufficiency
<input checked="" type="checkbox"/> Reduce substance abuse	Clients refrain from use of	Client attends substance abuse

	substances to numb pain or escape problems and learn new ways of thinking, new ways to meaningfully connect with others	recovery support groups regularly, maintains sponsorship, and works a 12 step program
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	By intersecting with clients while incarcerated, an intentional plan is put into place for safety, housing, physical and mental health needs	Evidenced by clients not recidivating and actively moving toward self-sufficiency by engaging with case managers and economic empowerment coaching
<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 2020-21 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:	735,600	100.0%	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:	0	0.0%	No

5. Other:	0	0.0%	No
TOTAL	735,600	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 2020-21 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