

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Metropolitan Ministries - The Miracles for Pasco Program

2. Date of Submission: 11/15/2019

3. House Member Sponsor: Amber Mariano

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:					379,353	379,353

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? Yes

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.

Reversion of funds

6. Requester:

- a. Name: Tim Marks
- b. Organization: Metropolitan Ministries
- c. Email: tim.marks@metromin.org
- d. Phone #: (813)209-1250

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

- a. Name: Betty Katsamakis
- b. Organization: Metropolitan Ministries
- c. Email: betty.katsamakis@metromin.org
- d. Phone #: (813)209-1030

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

- a. Name: Sydney Ridley
- b. Firm: The Southern Group
- c. Email: ridley@thesoutherngroup.com
- d. Phone #: (813)563-4100

9. Organization or Name of entity receiving funds:

- a. Name: Metropolitan Ministries
- b. County (County where funds are to be expended): Pasco
- c. Service Area (Counties being served by the service(s) provided with funding): Pasco

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?

Funds will support Miracles for Pasco, a 24 unit trauma-informed supported housing facility designed to help homeless families reach self-sufficiency in Western Pasco county. Family homelessness continues to grow as the gap between income and housing widens. Residents receive case management, access to GED and adult education programs, employment training, counseling, financial wellness, housing assistance, food and after school programming for children. Last year, 61 families benefited.

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 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 checked="" type="checkbox"/> e. Salaries and Benefits	To pay salaries and benefits for direct care staff.	309,484
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	To provide direct client assistance/supplies to homeless and at-risk of homeless families.	69,869
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		379,353

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:

Yes, the community has demonstrated support for projects and programs which address the needs of homeless families. Please find letters of support from the Pasco County School Board, Pasco County Sheriff's Office, Pasco County Homeless Coalition, and the United Way of Pasco County, among others. Additionally, Tim Marks, President/CEO of Metropolitan Ministries has spoken at public hearings advocating for program support, including the Pasco County Board of County Commissioners.

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 Shimberg Center for Housing Studies (2018) reported a 98% increase in homeless students in Pasco and Pinellas Counties between 2007-2018. The 2018 Point in Time count conducted by the Homeless Coalition identified 1,356 homeless in Pasco County. 41% were families. As of August 31, 2019, 867 homeless students had been identified by Pasco County School District.

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?

Miracles for Pasco helps homeless families by allowing opportunities such as education, income, and trauma or other barriers to long-term stability. Families live in Miracles for Pasco for 3-9 months. Services are tailored to the families' needs. The program utilizes a two-generation approach to alleviating poverty by addressing the parent's needs alongside those of the children. Last year, 98% of households served had not returned to homelessness 12 months after program exit.

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

Miracles for Pasco direct services include case management, employment/financial assistance, housing search/placement, trauma/recovery counseling, healthy food, GED, and after-school programs for school aged children. The program utilizes a variety of evidence-based practices to assure direct services provide the best opportunity for families to become self-sufficient, including critical time intervention model and motivational interviewing.

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	At least 80% of a minimum of 60 parents/caregivers will have improved mental health.	Increase on North Carolina Family Assessment Scale (NCFAS-G) from entry to exit or maintain score of 0 on Family Health domain.
<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	1. At least 85% of a minimum of 60 families will have improved self-sufficiency. 2. At least 80% of 60 households will exit to permanent housing.	1. Increase on North Carolina Family Assessment Scale (NCFAS-G) from entry to exit or maintain score of 0 on self-sufficiency domain. 2. Amount of households exiting to permanent housing destinations.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<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:	379,353	50.0%	N/A
2. Federal:	70,000	9.2%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	309,352	40.8%	Yes
5. Other:	0	0.0%	No
TOTAL	758,705	100%	

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

No