

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Florida Healthy Choices Coalition Prevention Programs
2. Date of Submission: 11/06/2019
3. House Member Sponsor: Anthony Sabatini
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2015-16
- 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 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:					200,000	200,000

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.
Payment would be reimbursed after quarterly deliverables are met and reported. If goals are not accomplished contract would be canceled.

6. Requester:

- a. Name: Darla Huddleston
- b. Organization: Florida Healthy Choices Coalition, Inc.
- c. Email: darlawhuddleston@gmail.com
- d. Phone #: (352)303-3885

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

- a. Name: Cheryl Bennett
- b. Organization: Florida Healthy Choices Coalition
- c. Email: cbennett@purehope.org
- d. Phone #: (352)544-0911

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: Florida Healthy Choices Coalition, Inc.
- b. County (County where funds are to be expended): Hernando
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando, Hillsborough, Lake, Martin, Pinellas, Polk, St. Lucie, Sumter

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?

To address goals 2,3 and 4 of TANF (Temporary Assistance for Needy Families) - 2.End dependence of needy families on government benefits by promoting job preparation, work and marriage; 3.Prevent and reduce the incidence of out of wedlock childbirth; 4.Encourage the formation and maintenance of healthy two-parent families through proven prevention programs to middle and high school students to prepare them for self-sufficiency thereby reducing the need for multi generational public assistance.

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 type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Florida Healthy Choices Coalition organizations will provide prevention programs at a rate of \$28 per enrollment to middle and high school age students covering drugs, alcohol, sexual activity, violence and nicotine). Students will learn the Success Sequence and how to implement SMART goals strategies that will	200,000

	help reduce teen pregnancies, drug and alcohol addiction and drop outs, all predictors of poverty and need for government assistance. Pre/post tests and post surveys will measure gains.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

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 County Commissioners, Superintendent of Schools and other school personnel, and other stakeholders.

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. What are the activities and services that will be provided to meet the purpose of the funds?

Prevention programs for middle and /or high school students in schools, youth organizations, after school programs, etc. Students will be motivated to avoid the negative consequences of high risk activities of drugs, alcohol, sexual activity, violence and nicotine. The focus will be on establishment of and implementation plans for accomplishing their goals and choosing to avoid the risks that would prevent or prolong reaching their goals.

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

Provide 3 to 5 hours of risk avoidance prevention programming to 7,150 middle and high school students at a cost of \$28 per enrollment. Students will be pre and post tested to measure knowledge gains and post surveyed to measure attitudinal shifts toward future goals, out of wedlock births, healthy relationships, human trafficking awareness and commitment to avoid risky activities.

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): Teen Court Students

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	Pre/post tests measuring knowledge gains. Attitudinal shifts of post surveys regarding participation in risky activities, i.e. drugs, alcohol, sexual activity, violence and nicotine.	Administering pre/post tests with 75% demonstrating increases on post tests and retrospective post surveys to show statistically significant attitudinal shift (>5%)
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Pre/post tests measuring knowledge gains. Attitudinal shifts of post surveys regarding participation in risky activities, i.e. drugs, alcohol, sexual activity, violence and nicotine.	Administering pre/post tests with 75% demonstrating increases on post tests and retrospective post surveys to show statistically significant attitudinal shift (>5%)
<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	Pre/post tests measuring knowledge gains. Attitudinal shifts of post surveys regarding participation in risky activities, i.e. drugs, alcohol, sexual activity, violence and nicotine.	Administering pre/post tests with 75% demonstrating increases on post tests and retrospective post surveys to show statistically significant attitudinal shift (>5%)
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Pre/post tests measuring knowledge gains. Attitudinal shifts of post surveys regarding participation in risky activities, i.e. drugs, alcohol, sexual activity, violence and nicotine.	Administering pre/post tests with 75% demonstrating increases on post tests and retrospective post surveys to show statistically significant attitudinal shift (>5%)
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Pre/post tests measuring knowledge gains. Attitudinal shifts of post surveys regarding participation in risky activities, i.e. drugs, alcohol, sexual activity, violence and nicotine.	Administering pre/post tests with 75% demonstrating increases on post tests and retrospective post surveys to show statistically significant attitudinal shift (>5%)
<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:	200,000	33.0%	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:	405,646	67.0%	No
5. Other:	0	0.0%	No
TOTAL	605,646	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