

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Unique Ladies of Character of Tampa - Transitional Housing and Recovery Program

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Sean Shaw

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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:					571,925	571,925

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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.

This project will have to comply with all DCF and managing entity rules and performance measures. Penalties could range from corrective action plans.

6. Requester:

- a. Name: Samantha Brown
- b. Organization: Unique Ladies of Character (ULOC) of Tampa
- c. Email: uniqueladies1@aol.com
- d. Phone #: (813)812-2860

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

- a. Name: Samantha Brown
- b. Organization: Unique Ladies of Character (ULOC) of Tampa
- c. Email: uniqueladies1@aol.com
- d. Phone #: (813)812-2860

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: Unique Ladies of Character of Tampa
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough

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?

ULOC Transitional Housing & Recovery Program provides safe transitional housing, outpatient substance abuse treatment and life, vocational and employability skills training for homeless women and women with a history of mental illness, substance abuse and incarceration. The program's goal is to empower them to be self-sufficient, independent and drug and alcohol free. Funds being requested will provide staffing and operational resources to serve women who might otherwise fall through the cracks.

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	Salary will be used to compensate the Executive Director at 50% of her time (annual salary of \$70k) providing staff supervision as well as direct service. \$35k salary + \$2678-FICA + \$420 -unemp. comp + \$424- worker's comp +\$1650- ins	40,273
<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	Salaries will be used to hire 4.5 FTE staff including full time MH Clinician (\$48K); Certified Addiction Professional (\$42K); Monitor Tech (21K); Administrative Asst (29k); and part time employment coordinator	192,472

	(21k) + benefits (\$31,472)	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Occupancy/shelter (6k x 72k); occupancy/office/training site (1600 x 12= 18k); Utilities(1500 x 12 = 18k); Phones (\$45 x 5 =\$225 x 12 = 2700); insurance/prof liab (est. \$3100 x 12 = \$37200); Equip/copier/printer lease (est. 340 x 12 = 4080); 1 time expenditure for furniture and computers (5k)	158,180
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	medical director oerseng toxicology - 10 hours/month (1k x 12 = 12k); group facilitators - 7 groups/week x 50 wks =350 groups at \$20/hr x 2 hrs = \$40 per group x 350 = 14k	26,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	purchase 2 of 3 currently rented properties - duplex 4/2 @ est. 60k; single residence 5/2 @ 70k w/25k in repairs	155,000
TOTAL		571,925

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?

No

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?

Transitional housing, case management, outpatient substance abuse treatment including weekly counseling sessions, weekly mental health therapy groups, educational, life and employability skills groups.

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

direct services to participants will include case management, transitional housing, psychiatric initial assessment, medication management, individual counseling and group therapy weekly

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	individuals will have more stable housing , healthier lifestyles and engage in fewer risk taking behaviors by complying with mental health medication and counseling	clinical assessment - 100% of individuals will receive at least 3 hours of weekly mental health services during 90 day transitional housing residence
<input type="checkbox"/> Improve mental health		
<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	individuals will be provided case management including job skills assessment, employability skills training, work referrals, apprenticeship opportunities, money management training	100% of individuals will attend employment readiness classes while in residence; 70% of individuals will be employed upon discharge
<input checked="" type="checkbox"/> Reduce recidivism	individuals will remain arrest free while in residence and while receiving aftercare services	At least 60% of individuals successfully completing 90 days in transitional housing and enroll in aftercare services will remain arrest free.
<input checked="" type="checkbox"/> Reduce substance abuse	individuals will provide 90 days of clean urinalysis while in transitional housing and aftercare if attending	at least 60% of individuals in residence and who attend aftercare services will have clean urinalysis
<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 2018-19 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:	571,925	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	571,925	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 2018-19 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