

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Transition House Inc. Homeless Program, Starke Florida
2. Date of Submission: 11/08/2017
3. House Member Sponsor: Bobby Payne
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:					300,000	300,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes
 - 5a. If yes, which state agency? Department of Children and Families
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 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.
Noncompliance involving the provision of service not having a direct effect on client health

6. Requester:

- a. Name: Thomas Griffin
- b. Organization: The Transition House, Inc.
- c. Email: tom@thetransitionhouse.org
- d. Phone #: (407)852-5700

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

- a. Name: Thomas Griffin
- b. Organization: The Transition House, Inc.
- c. Email: tom@thetransitionhouse.org
- d. Phone #: (407)852-5700

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

- a. Name: Chris Dawson
- b. Firm: Gray Robinson
- c. Email: Chris.Dawson@gray-robinson.com
- d. Phone #: (407)843-8880

9. Organization or Name of entity receiving funds:

- a. Name: The Transition House, Inc.
- b. County (County where funds are to be expended): Bradford
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Bradford, Clay, Marion, Union

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?

The purpose of this program is to provide Substance Use and mental health services to those clients that are unable to afford these services. Specifically, Veterans that are homeless and/or chronically ill, and/or those that have been released from incarceration.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	9% administrative feeds	27,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Full-time substance use and mental health clinicians providing services to these individuals, as well as FT LMHC to provide supervision,	85,000
<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	Licensed Clinicians to provide treatment, case management, clinical supervision, and vocational training	188,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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)

N/A

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?

Yes

16a. Please Describe:

According to a study of housing and support, transitional housing programs are intended to target the hardest-to-serve homeless individuals who have a serious mental illness, often with a co-occurring substance-related disorder.

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?

Individuals meeting eligibility requirements will be provided: room and board, 3 meals a day, individual counseling, substance/mental health evaluation, and drug screening.

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

Our program will provide treatment to include, individual counseling, group therapy, psycho-educational classes and groups, vocational skills training, case management, life skills building, and access to opportunities for employment and permanent housing.

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	Each individual will receive a health and wellness exam.	100% of all clients admission under this funding will have a health and wellness exam
<input checked="" type="checkbox"/> Improve mental health	Each client admitted under this program will have a psychiatric evaluation if needed and continued	Documentation of psychiatric evaluation in client file. Observation of compliance with medications will

	medication management	be documented in client file. Individual sessions and group therapy
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Each client upon admission will be given an assessment to determine interest and motivation level of continuing education, either GED or vocational or college level classes	Assessment at intake, documentation on their treatment plan and monthly review of enrollment and attendance for either GED classes, Vocational or college level classes.
<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.)	Clients coming in with a criminal history will be monitored for any illegal activity. The goal will be do reduce readmission into the legal system and to assist individuals with complying and completing probation	Documentation of all drug screens, documentation of collaborative meetings with probation officers and documentation of progress
<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	Clients involve will increase levels of educational attainment to increase employability and future earnings	Desired outcomes for participants upon program completion is to have the ability to stay on a budget, build savings, improve credit scores, and build assets

<input checked="" type="checkbox"/> Reduce recidivism	Clients involved in the Justice system will learn vocational skills, new coping skills to re-enter society as a productive member of our community based on progress and educational values	Treatment planning, successful completion of vocational classes, obtaining stable income and employment
<input checked="" type="checkbox"/> Reduce substance abuse	The goal will be to have 90% of all individuals remain substance free while in treatment. This will be done by random drug screens and breathalysers	Documented drug screens and breathalysers at minimum twice a month.
<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:	300,000	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	300,000	100%	

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

No