

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Youth Crime Prevention Program

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Kimberly Daniels

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<br>for FY 2017-18<br><i>(If appropriated in 2017-18 enter the<br/>appropriated amount, even if vetoed.)</i> |                                     |  | Develop New Funds Request<br>for FY 2018-19<br><i>(Requests for additional RECURRING funds are prohibited.)</i> |  |   |
|--------------------|---|-------------------------------------|--|---|--|---|
|                    | Column:<br>A  | B                                   | C  | D   | E                                      | F   |
| Funds Description: | Prior Year<br>Recurring<br>Funds  | Prior Year<br>Nonrecurring<br>Funds | Total Funds<br>Appropriated<br><br><i>(Recurring plus<br/>Nonrecurring:<br/>column A + column<br/>B)</i> | Recurring Base<br>Budget<br><br><i>(Will equal non-<br/>vetoed amounts<br/>provided in Column<br/>A)</i>        | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring plus<br/>Recurring Base Funds</b><br><br><i>(Will equal the amount<br/>from the Recurring base in<br/>Column D plus the<br/>Additional Nonrecurring<br/>Request in Column E.)</i> |
| Input<br>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? 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 Education

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.

Suspension of funds awarded.

6. Requester:

- a. Name: Bishop Lorenzo Hall, Sr.
- b. Organization: El-Beth-EL Development Center, Inc.
- c. Email: gospell75@aol.com
- d. Phone #: (904)710-1586

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

- a. Name: Bishop Lorenzo Hall, Sr.
- b. Organization: El-Beth-EL Development Center, Inc.
- c. Email: gospell75@aol.com
- d. Phone #: (904)710-1586

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: El-Beth-EL Development Center
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Duval

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?

Youth Mentoring Program to prevent Crimes in the Community.

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

| Spending Category   | Description   | Nonrecurring<br>(Should equal 4d, Col. E) Enter ?0? if<br>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                    | Training of Staff, Staff Salaries and Benefits  | 220,000  |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Telephone, Internet, Insurance, Liability Coverage, Transportation, Utilities and Miscellaneous | 45,000   |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study    | Auditor, Advertising, Legal Consultant and Management Fee                                       | 35,000   |
| Fixed Capital Construction/Major Renovation:                                    |   |  |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering   |   |  |
| <b>TOTAL</b>  |   | <b>300,000</b>   |

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?

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?

Sports feild trips and Cultural Education

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

Financial, Safety and Crime Prevention Education, GED, Job Preparation and Mentoring

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 type="checkbox"/> Improve mental health   |  |  |
| <input checked="" type="checkbox"/> Enrich cultural experience                               | Cultural Education                                   | Commitment Pledge                                  |
| <input type="checkbox"/> Improve agricultural production/promotion/education                 |  |  |
| <input checked="" type="checkbox"/> Improve quality of education                             | Training Program, Mentoring                          | Certificate issued within Program                  |
| <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 checked="" type="checkbox"/> Create specific immediate job opportunities  | Training Internships  | Accomplishment within the program                               |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency |   |   |
| <input type="checkbox"/> Reduce recidivism                                       |   |   |
| <input checked="" type="checkbox"/> Reduce substance abuse                       | Drug Supportive Program and Services                            | Random Drug Testing   |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system | Mentoring and working with Jacksonville Sheriff Office Program. | Checking Jacksonville Sheriff Office database prior vs current. |
| <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 | 300,000 | 100.0%           | N/A   |

|   |                |             |    |
|---|----------------|-------------|----|
| Project Request:  |                |             |    |
| 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 |
| <b>TOTAL</b>  | <b>300,000</b> | <b>100%</b> |    |

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

No