

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: One Hope United - Family Team Conference Expansion
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Ben Albritton
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:					261,741	261,741

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? 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.
Corrective Action Plans, financial penalties, contract termination.

6. Requester:

- a. Name: Eva Horner
- b. Organization: One Hope United
- c. Email: ehorner@onehopeunited.org
- d. Phone #: (813)600-7586

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

- a. Name: Eva Horner
- b. Organization: One Hope United
- c. Email: ehorner@onehopeunited.org
- d. Phone #: (813)600-7586

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: One Hope United
- b. County (County where funds are to be expended): Hardee, Highlands, Polk
- c. Service Area (Counties being served by the service(s) provided with funding): Hardee, Highlands, Polk

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 these funds is to expand One Hope United's ability to facilitate a successful problem-solving process for families and individuals involved in systems they feel inferior to and teach them how to use the Family Team Conference approach throughout their life when they are faced with hurdles. The purpose is also to expose the schools and other state and local agencies to a planning approach that is empowering and engage individuals/families in a way that is productive and successful

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	Small portion of Executive Director salary and benefits who will play a role in the oversight of the program and in outreach activities to ensure community agencies are aware of the service.	7,200
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Our portion of salaries and benefits for administrative services such as Human Resources, Finance, Payroll, IT, CQI, CEO, COO, etc.	10,800
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Small portion from administrative services that supports our program staff such as expense reporting and timekeeping via phone applications.	2,700
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Small portion from administrative services that includes CQI that will be studying the program impact.	4,500
Operational Costs:		

<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries for staff who will facilitate the Family Team Conferences, provide follow up with families and directly supervise the program. Supervisor will also play a role in facilitating conferences and community outreach.	175,305
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Includes travel, cell phone, office supplies, depreciation expense, fire insurance, liability insurance, rent expense all needed to execute the program.	56,636
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Primary expense is the training needed for staff to facilitate Family Team Conferences as well as to receive boosters during the year.	4,600
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		261,741

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?

Yes

15a. Please Describe:

Yes, we have had tremendous support from the families we have served through the Family Team Conference process. We have a video of a 3 generation Highlands County family who speak of the power of this process. Heartland for Children, Lead Agency for Circuit 10, is also supporting our request to expand outside of the child welfare system as they know that this will strengthen the capacity of all citizens.

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?

Outreach to local schools, family court, law enforcement and locally based state agencies such as DJJ and APD to educate them on referral process. Facilitate 210 Family Team Conferences during year 1 (ten months) and 250 in year 2.

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

A Family Team Conference (FTC) is a gathering of supportive people identified by an individual who is struggling with an issue. FTC blends the best of natural and professional supports into a problem-solving collaborative process that can be recreated by the family/individual as needed well after professional services or programs have ended. FTC Facilitators will conduct an initial preparation interviews with the referral source to understand the goal as well as interview the person identified

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	Individual or clinician will report success in meeting/advancing towards meeting treatment goals.	Self report and/or clinician report via GAF or CGAF scores
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Behavior negatively impacting behavior will be resolved	Stressors will be identified and addressed/mitigated so that student can learn.
<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 will not engage in criminal activity post-Family Team Conference	Local law enforcement checks.
<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 type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Individual will develop a plan through process that will support their desire to successfully divert from the Criminal/Juvenile Justice systems.	Will conduct local law enforcement and checks through JJIS in partnership with Juvenile Justice.
<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
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			funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	261,741	97.7%	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:	6,250	2.3%	No
TOTAL	267,991	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