

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alpha & Omega Freedom Ministries - New Beginnings for Victims of Domestic Violence and Homelessness

2. Date of Submission: 11/13/2017

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? 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? 2016-17
- 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 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:					150,000	150,000

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 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.

The grant funding would be returned

6. Requester:

- a. Name: Lorraine Gilispie
- b. Organization: Alpha & Omega Freedom Ministries. Inc.
- c. Email: aofm2@live.com
- d. Phone #: (863)773-5717

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

- a. Name: Lorraine Gilispie
- b. Organization: Alpha & Omega Freedom Ministries. Inc.
- c. Email: aofm2@live.com
- d. Phone #: (863)773-5717

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: Alpha & Omega Freedom Ministries
- b. County (County where funds are to be expended): Hardee
- c. Service Area (Counties being served by the service(s) provided with funding): DeSoto, Glades, Hardee, Highlands, Manatee, Okeechobee, Polk, Sarasota

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?

Our purpose is to assist in the recovery and restoration of women, children, and individuals and families who have been victims of domestic violence or those experiencing homelessness. We also facilitate improved education, job and life skills, addictions recovery, & financial planning, transitional and permanent housing through case management and counseling center. The goal is to continue to assist those in Hardee and surrounding counties to become more productive & independent citizens.

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 checked="" type="checkbox"/> e. Salaries and Benefits	Admin Asst. to project - \$13,000.00 Case Manager - 16,640.00 Onsite Mgr. DV Shelter - 16,640.00 Onsite Mgr. Complex - 16,640.00	62,920
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Maintenance/Grounds/IT - \$15,080.00 Insurance - 16,800.00 Utilities - 38,000.00 Food and Supplies - 9,200.00 Furnishings - \$4,000.00 Equipment - 4,000.00	87,080
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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?

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?

To give food, shelter, living skills, and safe home life, we will give give the woman and children the use of our shelter and, if needed, our supportive housing complex. We also provide to general public and our clients counseling through AOFM's Counseling and Training Center. We provide vocational skills training & drug/alcohol counseling, educational and job assistance.

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

Food, shelter, counseling including: parenting, anger management, DV awareness counseling to both men and women, overcomers for those with addictions, nutrition, budgeting, etc. We also give personal supplies as needed including soap, shampoo, deodorant, feminine products as needed. We also provide transportation to and from work, school, shopping and appointments to doctors or other agencies.

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): DV victims, DV abusers, Court ordered anger management, DV awareness counseling, parenting classes,

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	Women and children who come into our program will improve their physical health through nutrition and exercise. They will also be	Each woman will receive nutritional training, meal plans and preparations, given info regarding children's eating habits. Each woman receives free

	transported to medical facilities if needed	membership at YMCA. This will be documented through progress notes.
<input checked="" type="checkbox"/> Improve mental health	Women who enter our program will gain mental stability after enduring domestic violence and/or homeless situations. They will learn what constitutes abuse and how to cope through classes at AOFM Counseling Center.	100% of women in our care will be given a self assessment of mental health. 100% of women who exhibit a need for further mental health treatment will be referred to Peace River Center. Others counseled at AOFM.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Each woman will be assessed as to need for further education. Those who need GEDs will be referred to Hardee County Adult Ed. or SFSC. If they want to go to college, they will be referred to SFSC for AA and then to college of their choice thereafter.	100% of women will have an assessment completed as to need for further education. Of those needing/desiring to continue education 100% will be referred to local schools and colleges with transportation provided.
<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.)	Women and children who enter our program will be given a safe environment with no threat of abuse or physical harm. Our facility has ADT Security, lights, lockable fences with security wire above the fence at the Complex. There is also outside camera system with monitoring ability.	If there is a break-in, the system will alert Sheriff's office. We have onsite managers with the women and children while off grounds. If an incident occurs an incident report is written by managers. Success is measured by 0 incidents.

<input checked="" type="checkbox"/> Improve transportation conditions	Transportation is provided to schools, work and appointments. Our case manager keeps a calendar of all appointments to ensure they arrive in a timely manner, For appointments our of town, we use a Medicaid provider for medical and work related transportation.	Transportation log kept by managers as to transports off grounds. Through grant funding we were able to purchase a small bus for transportation.
<input checked="" type="checkbox"/> Increase or improve economic activity	Each woman who enters our program will be encouraged to get a job and learn to budget to increase self sustaining behaviors	Measurement will be made through class attendance sheets, vocational skills feedback, OneSource Heartland, and by those women who find employment in our care.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	One lady in our program will be the Admin. Asst. for this grant and for AOFM. Another will be the case manager through funds provided in this grant and will service the Shelter as well as the Complex. Two others will work in Hannah's Hope Chest Thrift Store, to be paid through sales.	4 ladies gain immediate benefit with paying jobs. 60-100 will receive vocational skills training either our Thrift Store, AOFM office or in private grounds maintenance program. Progress will be noted by the number we serve annually through these programs.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Case manager will assess needs of those we serve to determine who requires budgeting skills classes. Women will receive budgeting classes.	Number of women receiving budgeting skills training, and those who demonstrate improvement through tests in classes. Number of women who are never late on rent, complex only. Number of women working.
<input type="checkbox"/> Reduce recidivism		

<input checked="" type="checkbox"/> Reduce substance abuse	While in our care, assessment will be made by case manager regarding needs of individuals regarding drug and alcohol use/abuse. Those individuals will be referred to our program Overcomers for assistance.	Number of women surveyed as needing Overcomers Number of women attending and participating in Overcomers Number of women drug screened with 0% drug use.
<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:	150,000	44.8%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	37,380	11.2%	No
4. Local:	2,500	0.7%	Yes
5. Other:	145,000	43.3%	No

TOTAL	334,880	100%	
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20. Is this a multi-year project requiring funding from the state for more than one year?

No