

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: New Beginnings Alternative Education Services (ACES)
2. Date of Submission: 11/09/2017
3. House Member Sponsor: Ross Spano
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:					100,364	100,364

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.
Be given a probation period to correct any issues, failure to correct issues may result in loss of funding.

6. Requester:

- a. Name: Michelle Walker
- b. Organization: Miracles Outreach Community Development Center, Inc.
- c. Email: mwalker@miraclesoutreach.org
- d. Phone #: (813)274-2184

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

- a. Name: Michelle Walker
- b. Organization: Miracles Outreach Community Development Center, Inc.
- c. Email: mwalker@miraclesoutreach.org
- d. Phone #: (813)274-2184

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

- a. Name: Ron Pierce
- b. Firm: RSA Consulting Group LLC
- c. Email: edward@rsaconsultingllc.com
- d. Phone #: (850)933-5994

9. Organization or Name of entity receiving funds:

- a. Name: Miracles Outreach Community Ddevelopment Center, Inc
- 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?

Increased number of youth exhibiting positive non-disruptive behaviors, maintaining good attendance, and academic achievement, increased number of youth receiving job / career training, and increased social and life skills.

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	Program Director	35,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Funds will be used to hire a part-time Administrative clerk for payroll and data collection	3,840
<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	Instructors (2) 12,000.00 Case manager 20,000.00	32,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel to site locations, Printing of program brochures and registrations, , Equipment-laptops, Curriculum, Supplies and materials	20,400
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Indirect	9,124
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		100,364
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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?

Education and mentoring Services, Social Skills and Life skills development; job training and career development. Quarterly community service projects

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

Case management for students to help remove barriers that may arise during the academic school year. Provide basic life skills training such as, Conflict resolution, financial literacy food and nutrition, and established individual service plans

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	100% of youth will be exposed to various cultural and performing arts programs and events	Pre and Post surveys pictures
<input type="checkbox"/> Improve agricultural production/promotion/education		

<input checked="" type="checkbox"/> Improve quality of education	Increased the number of participants maintaining attendance	School attendance and academic reports
<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 checked="" type="checkbox"/> Increase or improve economic activity	Youth will be introduced to various businesses to increased economic activity, job skills, training and community partnerships	Pre and Post Surveys Confirmation letters from Businesses
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	95% of youth participating in job training and certification classes	Number of youth completing certification courses an number obtaining employment Sign In Sheets
<input checked="" type="checkbox"/> Enhance specific individual?s economic self sufficiency	100% Program youth will receive independent living skills, financial literacy	Pre and post test Sign In sheets
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Youth will receive prevention services aimed at reducing at-risk youth from entering the juvenile system	Program Completion Certificate Pre and Post Survey
<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:	100,364	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	100,364	100%	

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

No