

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Re-Entry Alliance Pensacola, Inc. (REAP) Re-Entry Portal
2. Date of Submission: 08/15/2019
3. House Member Sponsor: Alex Andrade
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? 2019-20
- 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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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:		200,000	200,000		500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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 Corrections
 - 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.
Non-compliance of metrics will result in return of funds to administering agency.

6. Requester:

- a. Name: Vince Whibbs
- b. Organization: Re-Entry Alliance Pensacola, Inc.
- c. Email: vincewhibbs@gmail.com
- d. Phone #: (850)324-6667

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

- a. Name: Vince Whibbs
- b. Organization: Re-Entry Alliance Pensacola, Inc.
- c. Email: vincewhibbs@gmail.com
- d. Phone #: (850)324-6667

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

- a. Name: Wansley Walters
- b. Firm: Ballard Partners, INC.
- c. Email: wansley@ballardfl.com
- d. Phone #: (850)577-0444

9. Organization or Name of entity receiving funds:

- a. Name: Re-Entry Alliance Pensacola, Inc.
- b. County (County where funds are to be expended): Escambia, Santa Rosa
- c. Service Area (Counties being served by the service(s) provided with funding): Escambia, Santa Rosa

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?

Funds allocated will operate a comprehensive re-entry program and re-entry portal for individuals returning from incarceration in Escambia and Santa Rosa counties to improve the safety and quality of life by enabling individuals to be self-sufficient, crime-free, productive 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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salary, taxes, benefits	86,400
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Santa Rosa County director salary, benefit, taxes	72,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel, 6000 annual miles between counties.	3,300
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Senior Case Manager, Women's Case Manager, and two Santa Rosa County Case Managers	141,600
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Case management equipment	135,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted re-entry services	61,700
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

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:

Originally started in 2013, REAP has been continuously supported through the current date by local contributions and foundation grants. It has received more than \$200,000 in grants from IMPACT 100, \$45,000 from the Bob Barker Company Foundation, and local foundation grants totaling more than \$100,000 from Rotary Clubs, Landrum Family Foundation, Stubblefield Family Foundation, Escambia County Sheriff's Trust Fund, and Diocese of Pensacola-Tallahassee.

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?

Complete transitional services including identification, clothing, food, hygiene items, transportation, referrals to medical and dental providers, assistance with prescription co-pay, work clothing and required work tools.

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

Housing, transportation, Mentoring and counseling

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	Job stability brings improved physical health and ability to take care of oneself and family.	Percentage of participants employed.
<input checked="" type="checkbox"/> Improve mental health	Successful participants enjoy crime-free, productive lives.	Percentage of successful participants.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<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.)	Recidivism rates for Escambia County and Santa Rosa County are at 10%, therefore creating a community with lower crime in general.	Number of re-offenders in the two-county area who go through the program.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Successful participants will be contributing in our economic landscape.	Number of participants employed.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Case manager jobs in Escambia and Santa Rosa Counties and employment of participants.	Work with local employers, openings of case manager jobs.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Employment and number of participants in REAP-supported housing.	Employment and housing records.

<input checked="" type="checkbox"/> Reduce recidivism	Participants have a 10% recidivism rate.	Recidivism records of participants.
<input checked="" type="checkbox"/> Reduce substance abuse	Program requires sobriety.	Number of successful participants.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Successful participants will not re-offend.	Recidivism rate.
<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 2020-21 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:	500,000	62.5%	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:	300,000	37.5%	Yes
TOTAL	800,000	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 2020-21 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