

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Non-Custodial Parent Employment Program
2. Date of Submission: 09/24/2019
3. House Member Sponsor: Ana Rodriguez
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:	1,416,000	250,000	1,666,000	1,416,000	500,000	1,916,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes
 - 5a. If yes, which state agency? Department of Economic Opportunity
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 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.
Repayment of portion of the funds, proportionate to shortfall in deliverables

6. Requester:

- a. Name: Sandra Braham
- b. Organization: Gulf Coast Jewish Family and Community Services
- c. Email: Sandra.Braham@gcjfcs.org
- d. Phone #: (727)479-1864

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

- a. Name: Jennifer Yeagley
- b. Organization: Gulf Coast Jewish Family and Community Services
- c. Email: Jennifer.Yeagley@gcjfcs.org
- d. Phone #: (727)479-1800

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

- a. Name: Mark Anderson
- b. Firm: Mark Anderson Consulting
- c. Email: Mark@consultanderson.com
- d. Phone #: (813)205-0658

9. Organization or Name of entity receiving funds:

- a. Name: Career Source Pasco-Hernando
- b. County (County where funds are to be expended): Hernando, Hillsborough, Miami-Dade, Pasco, Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando, Hillsborough, Miami-Dade, Pasco, Pinellas

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 FY 2019-2020 funds will be expended as follows: a) At least 1,300 clients will be served in Pinellas, Hernando, Hillsborough, Pasco, Miami-Dade Counties b) Standard contract expenses such as: operating costs to include facility rent/lease and to support program activities (mileage, supplies, utilities, etc.); salaries and fringe for 30 staff: 1 Senior Team Lead and 3 Team Leaders (3.5 Greater Tampa Bay and 1.5 Miami-Dade), 4 Program Administrative Assistants (3 Greater Tampa Bay)

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	Senior Director is responsible for general oversight and coordination of services for the program, serves as a liaison with the community and funders for program and will work closely toward program growth and fiscal diversity through grants and community involvement.	11,673
<input checked="" type="checkbox"/> b. Other Salary and Benefits	QI Specialist (Responsible for conducting internal file review to ensure compliance and assess quarterly measurement outcome achievements.) Grant Accountant (Responsible for preparing monthly reimbursement reports, budgets, contract audit preparation and other financial information as required by the program.) expenditure reports and budget) Due to staff expansion they will review more files.	15,725

<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	4 Employment Specialists (3 for Greater Tampa Bay and 1 for Miami) Responsible for comprehensive case management and support to participants. 3 Program Administrative Assistants for Greater Tampa Bay that are now part-time but will become full-time.	331,359
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Operating costs (mileage, parking, travel, supplies, printing, postage, telephone, Internet, utilities, maintenance, equipment rental/repair, rent, computer licensing, computer supplies, advertising, insurance, employee testing, client needs, indirect cost, career source fee).	136,712
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Program evaluation, contract workers and contract services	4,531
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:

The Non Custodial Parent Employment Program enjoys a wide range of community supporters and organizational partnerships which can be demonstrated in letters of support. One such supporter has historically been Brent Sembler, of the Sembler Company.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Gulf Coast JFCS has contracted annually to conduct an independent evaluation by a third party evaluator to determine the efficacy of the program. The most recent evaluation was conducted in 2018 by Dr. Blount of W.R. BLOUNT & ASSOCIATES, INC. The results of the independent 3rd party evaluation will be made available upon request.

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?

Job development, supervised job search, job placement, case monitoring, educational assessments, and contingency funds for: transportation, work attire, vehicle maintenance, personal hygiene, short-term trade/skills training: i.e. Construction trades helpers, security guards, etc. Support service referrals (mediation, substance abuse counseling, etc.) Referrals given for help with education, vocational assessments, counseling on responsible parenthood, parenting training, financial literacy training

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

Job development, supervised job search, job placement, case monitoring, educational assessments, and contingency funds for: transportation, work attire, vehicle maintenance, personal hygiene, short-term trade/skills training: i.e. Construction trades helpers, security guards, etc. Support service referrals (mediation, substance abuse counseling, etc.) Referrals given for help with education, vocational assessments, counseling on responsible parenthood, parenting training, financial literacy training

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): Non Custodial Parents in need of assistance to find employment so that they may pay child support.

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 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 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	Resolving access and visitation issues for non-custodial parents.	Keeps non-custodial parent and child involved in each other lives.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Gain employment above minimum wage to continue making child support payments.	Non-custodial parent makes a wage that they are able to pay their child support and other bills they may have.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		

<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	To help the non-custodial parent find and keep employment, obtain transitional housing and receive job training and job placement services in coordination with business and other employment provider.	Keep the non-custodial parent with positive motivation.
<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	26.1%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	1,416,000	73.9%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,916,000	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