

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Project Be Strong (Social and Emotional Wellness)

2. Date of Submission: 10/02/2019

3. House Member Sponsor: Barbara Watson

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		50,000	50,000		50,000	50,000

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 Health

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.

Department of Health

6. Requester:

- a. Name: Michelle Shirley
- b. Organization: Be Strong International, Inc.
- c. Email: michelle@bestrongintl.org
- d. Phone #: (305)804-7433

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

- a. Name: Michelle Shirley
- b. Organization: Be Strong International, Inc.
- c. Email: michelle@bestrongintl.org
- d. Phone #: (305)804-7433

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: Be Strong International
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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?

This funding request of \$50,000 for the Be Strong project aims to serve youth in low socioeconomic areas that have high teen pregnancy rates, STD infection rates, truancy rates, & juvenile delinquency rates. Youth learn the tools needed to establish healthy relationships through self-actualization modules. The benefit of the program is to correlate academic success and a healthy future orientation with social emotional learning activities.

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	Experienced Facilitator needed to serve additional at-risk youth and provide workshops. (\$15hr X 40hrs x 52 weeks = \$31,200)	31,200
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Curriculum materials for students/Program Supplies & Incentives (\$25 manuals x 300 participants)/(\$108 for copies, incentives and classroom materials x 12 months)	8,800
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Evaluation: Outside evaluation costs that include data collection and pre	10,000

	and post test review. (\$5,000) Marketing Group: Presentation materials created to each site director and/or school principal of collected data, results, program improvements and a plan for program self-sufficiency. Program information also provided to guardians of program participants (\$5,000)	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>50,000</b>

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:

Letters are support from: State Attorney Katherine Rundle, Office of the Mayor of Miami Dade County, School Principals, Teacher and student letters.

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:

The need for services are extensive based on the Youth Behavior Risk Survey from the Center for Disease Control - students of Miami Dade County were selected to participate in the survey. See results of the survey here:  
<https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=FL>

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?

Students will receive healthy relationship education workshops. Youth will also learn character skills, social emotional learning techniques, effective communication skills, financial literacy skills and resume writing skills.

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

Students will receive evidenced based curriculum instruction about the aforementioned subjects. Students will have a minimum of 400 minutes of education.

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	60% of youth indicate knowledge of developing healthy relationships; 60% of youth indicate feeling empowered to make healthy decisions; 60% of youth indicate skills needed to develop healthy relationships.	As measured by pre and posttest surveys.
<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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	60% of students who complete the financial literacy and effective communication workshop will show awareness of important decision-making skills and how it can affect future financial stability; 60% of students who complete the financial literacy workshop and career and educational success workshop will indicate intent to pursue their educational goals.	As measured by pre and posttest surveys.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<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 checked="" type="checkbox"/> Other (Please describe): Program Completion	75% of youth complete the program	As measure by participant sign in sheets.

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:	50,000	83.3%	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:	10,000	16.7%	No
<b>TOTAL</b>	<b>60,000</b>	<b>100%</b>	

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

No