

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Brevard Reentry Portal
2. Date of Submission: 10/14/2019
3. House Member Sponsor: Tyler Sirois
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:		500,000	500,000		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.
FDC will impose financial consequences of one percent of the total allocation if 100% of required reports are not timely filed.

6. Requester:

- a. Name: Pastor Jarvis Walsh
- b. Organization: My Community Cares, Inc.
- c. Email: pastorjarviswash@gmail.com
- d. Phone #: (321)795-8419

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

- a. Name: Pastor Jarvis Walsh
- b. Organization: My Community Cares, Inc.
- c. Email: pastorjarviswash@gmail.com
- d. Phone #: (321)795-8419

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: My Community Cares, Inc.
- b. County (County where funds are to be expended): Brevard
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard

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?

By funding this evidence-based reentry program, we will be able to assist inmates who are integrating back into the community to help them live successful, crime-free lives. Through comprehensive reentry services, further victimization and the likelihood a former offender will return to prison are reduced. This initiative promotes fewer victims, less crime, and safer communities through outcomes that reduce recidivism with the best return on investment for taxpayers.

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	Executive Director position (0.5 FTE).	35,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Funds will be used for staff travel, staff mileage, training, office supplies, postage, cell phones, and internet.	24,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Funds will be used for office equipment, utilities, and Moral Reconciliation (MRT) workbooks and other CCI workbooks for programming.	20,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Funds will be used for ex-offender reentry support services to include: case management, job training,	421,000

	housing, educational services, substance abuse, mental health treatment, cognitive behavioral therapy, driver's license assistance, bus passes, and a program evaluation by UCF.	
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:

Letters of Support were received by the Department of Corrections, Brevard County Sheriff, Public Defender's Office - Circuit 18, the Brevard Homeless Coalition, and Space Coast Recovery in February of 2019. Letters available upon request.

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?

The purpose of the funds are to provide assistance to the Florida Department of Corrections (FDC) population returning to Brevard County in need of reintegration services and goods. Risk needs assessment, case management, criminal registration, career development/life skills, employment assistance, housing assistance, substance abuse treatment, mental health services, family reunification services, and mentoring.

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

Clients served by these funds will receive risk needs assessment and case planning based on those needs, criminal registration, career development/life skills, education assistance, assistance in obtaining records, employment assistance, housing, emergency food, clothing, transportation, mental health, substance abuse services, cognitive behavioral therapy (MRT), SSI/SSDI application assistance, family reunification services, and assistance obtaining a valid driver's license.

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	Increase number of eligible clients under the Affordable Care Act, Medicare/Medicaid, and clients connected to the Brevard Health Alliance.	Clients connected to health insurance and the Brevard Health Alliance will be tracked.
<input checked="" type="checkbox"/> Improve mental health	Increase number of clients connected with mental health treatment.	Clients connected to mental health treatment will be tracked.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Increase number of clients that obtain GED or post-secondary certificates or degrees.	Clients that obtain GED or post secondary certificate or degree will be tracked.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental,	Increase number of clients that do not	Recidivism rates will be tracked.

criminal, etc.)	commit new crimes.	
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase number of clients that are connected to employment.	Clients connected to employment will be tracked.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increase number of clients that are connected to employment.	Clients connected to employment will be tracked.
<input checked="" type="checkbox"/> Reduce recidivism	Decrease number of clients that are rearrested. Decrease number of clients that return to the FDC system.	Clients rearrested or returned to FDC will be tracked.
<input checked="" type="checkbox"/> Reduce substance abuse	Increase number of clients that receive substance abuse treatment.	Clients connected to substance abuse treatment will be tracked.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Decrease number of clients that are rearrested. Decrease number of clients that return to the FDC system.	Clients rearrested or returned to FDC will be tracked.
<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	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	500,000	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