

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Pridelines INTERSECTIONS - Mobile Community Center
2. Date of Submission: 10/24/2019
3. House Member Sponsor: Michael Grieco
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 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

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? 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.
Reduction or loss of funds.

6. Requester:

- a. Name: Victor Diaz-Herman
- b. Organization: Pridelines Youth Services Inc.. d.b.a. Pridelines
- c. Email: victor@pridelines.org
- d. Phone #: (305)571-9601

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

- a. Name: Victor Diaz-Herman
- b. Organization: Pridelines Youth Services Inc.. d.b.a. Pridelines
- c. Email: victor@pridelines.org
- d. Phone #: (305)571-9601

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: Pridelines Youth Services, Inc. d.b.a. Pridelines
- 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?

INTERSECTIONS will support, educate, and empower lesbian, gay, bisexual, transgender, queer (LGBTQ) youth and the community by mobilizing resources throughout MIAMI-Dade County that promote dialogue, wellness, and increased self esteem. The mobile center will provide programs and services for people living with or affected by HIV, youth, and youth-at-risk/experiencing homelessness in generally unaffirming areas to improve quality of life through access to community, support, care.

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	INTERSECTIONS Programs Manager/Vehicle Operator will develop, coordinate, and implement programming, identify areas with greatest needs and develops relationships within communities to promote services - salary and fringe.	50,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	1) purchase mobile center for programs/services, 2) purchase passenger van for clients requiring immediate linkage, 3) TV, computer, and teleconferencing system for tele-	400,000

	medicine and tele-PrEP, 4) insurance, 5) program supplies, materials, equipment, 6) ongoing maintenance reserve and 7) RV Retrofit Expenses to include group meeting room, case management and HIV testing room, bathroom, closet, and washer and dryer for homeless youth.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Marketing support to develop collateral and promote the unit in an effective manner that reaches all parts of Miami-Dade County.	50,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		0
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?

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?

INTERSECTIONS will provide access to peer-led support groups, recovery groups, wrap around services for homeless youth, cybercenter, access to housing, resources and referrals to competent providers. Social activities will promote the development of the community and safety within neighborhoods.

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

Pridelines will provide HIV/STI testing, case management, job readiness support, access to holistic therapies, linkage to housing, tele-medicine, and tele-PrEP.

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): Lesbian, gay, bisexual, transgender, or queer people and their straight allies.

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	Connect clients to medical providers.	Number of clients connected to Federally Qualified Health Center within 24 to 48 hours.
<input checked="" type="checkbox"/> Improve mental health	Increased self-esteem.	Rosenburg Self-Esteem Assessment - A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self.
<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.)	Increased participation from community based organizations and	Number of organizations and businesses involved in programmatic

	businesses in the neighborhoods frequented by INTERSECTIONS.	efforts within the neighborhoods frequented and their willingness to be identified as SAFE ZONES.
<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 type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Increased participation in recovery groups.	Number of group participants that participate in groups regularly.
<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): HIV Testing, Awareness, and Outreach	Increase access to HIV testing, test and treat w/in 48 hours, and linkage to support for people living with HIV.	Number of HIV Tests, number of clients referred to treatment and linkage to support.

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?
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1. Amount Requested from the State in this Appropriations Project Request:	500,000	52.6%	N/A
2. Federal:	200,000	21.1%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	100,000	10.5%	Yes
4. Local:	100,000	10.5%	Yes
5. Other:	50,000	5.3%	Yes
TOTAL	950,000	100%	

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

No