

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Friends of the Children School Success Project
2. Date of Submission: 10/28/2019
3. House Member Sponsor: Susan Valdes  
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>	<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:					168,135	168,135

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 Education
  - 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.

Failure to meet deliverables may result in the withholding of funds, disallowance of costs, and/or suspension or termination of the appropriated fund award.

6. Requester:

- a. Name: Nita Smith
- b. Organization: Friends of the Children - Tampa Bay
- c. Email: nsmith@friendstampabay.org
- d. Phone #: (813)951-8128

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

- a. Name: Angela Groves
- b. Organization: Friends of the Children
- c. Email: agroves@friendsofthechildren.org
- d. Phone #: (541)281-1201

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: Friends of the Children - Tampa Bay
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough

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 goal of this 3-year pilot project is to focus on the most vulnerable children and demonstrate improved school attendance, reduced school discipline, and improved parental engagement, all of which are foundational to the advancement of learning gains for students experiencing multiple, compounded barriers to school success (including intergenerational poverty, foster care, homelessness, parental incarceration, and parental substance use/mental health disorders).

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, .30 FTE, \$30,000 Benefits @ 25% = 7,500. Includes: FICA, unemployment compensation, workers compensation, health/life insurance, retirement, and long term and short term disability.	37,500
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	10% indirect/admin project expense	15,285
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Program Director, .40 FTE, \$18,680. Responsible for design, coordination, implementation, accountability, and sustaining program. Friend salaries, 1.6 FTE, \$49,600 (Based on annual \$31,000 salary). Professional, salaried, full-time mentors, aka "life	85,350

	navigators," for assigned roster of 8 at-risk youth. Benefits @ 25% = 17,070. Includes: FICA, unemployment compensation, workers compensation, health/life insurance, retirement, and long term and short term disability.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Expenses related to direct service to project youth and families. Includes: Friend and youth activities, caregiver/family activities, travel and meetings, supplies and equipment.	30,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>168,135</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 of Support from the following: Hillsborough County Schools/Superintendent Jeff Eakins, Hillsborough Children's Board/ED Kelley Parris, Hillsborough County Commissioner Sandy Murman, WellCare/Timothy Trodden, Metropolitan Ministries/Tim Marks, CEO, Crossroads For Kids/Rosemary Armstrong, ED, Red Rock Leadership/Jeff Ruby, CEO, Claims Questions, LLC/Rebecca Keiver, CEO, Smith & Associates Real Estate/Ed Gunning

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:

Florida Department of Education, Florida School Accountability Reports (Hillsborough County has largest percentage of state total of persistently low-performing schools). "Ready to Lead," a report for the Collaborative for Academic, Social, and Emotional Learning (CASEL), making the case for social/emotional learning as part of school transformation efforts particularly for students experiencing significant disadvantage (most at-risk)

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?

Enroll 29 children at the end of their kindergarten year into the Friends – Tampa Bay program; Salaried, full-time, professional mentors ("Friends") will provide individualized support to each child for 3-4 hours/week, 2 hours/week in the classroom; From kindergarten through high school graduation, Friends will build skills and advocate for children and parents to maximize school success. Friends will partner with schools, non-profits to support child and family progress toward outcomes.

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

Friends will spend 4-6 hours per week with each child to improve the child's: 1) development of social-emotional skills; 2) avoidance of school absences, suspensions, and school expulsion and progress on school achievement goals; 3) engagement in healthy nutritional practices and physical activities; and 4) development of positive peer and adult relationships. Friends also support caregiver skill-building, building of social capital, and engagement in the child's 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): Only economically disadvantaged, underserved students will be eligible for services

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 checked="" type="checkbox"/> Improve quality of education	Improved attendance Reduced school discipline	School Report Card Data School Records Friends' Program Performance Scorecard (recorded in Efforts to Outcomes Database)
<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 type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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): Improve Youth Social Skills	Youth progress building social/emotional skills Caregiver progress building protective factors	Friends' Program Performance Scorecard (recorded in Efforts to Outcomes database) Caregiver survey Annual Friend/Youth Surveys

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:	168,135	41.7%	N/A
2. Federal:	100,000	24.8%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	135,000	33.5%	Yes
<b>TOTAL</b>	<b>403,135</b>	<b>100%</b>	

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