

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Facilitating Access to Services for Ex-offenders (FACTS for Ex-offenders)
2. Date of Submission: 10/31/2019
3. House Member Sponsor: Bruce Antone
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:					823,651	823,651

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? 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.
Future funding will be denied.

6. Requester:

- a. Name: Larry Williams
- b. Organization: Simeon Resource and Development Center for Men, Inc
- c. Email: Williamslarry1688@yahoo.com
- d. Phone #: (407)836-6730

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

- a. Name: Larry Williams
- b. Organization: Simeon Resource and Development Center for Men, Inc
- c. Email: Williamslarry1688@yahoo.com
- d. Phone #: (407)836-6730

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: Simeon Resource and Development Center for Men, Inc.
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Duval, Lake, Leon, Miami-Dade, Orange, Pinellas, Sumter, Volusia

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 the project is to reduce recidivism among 500 ex-offenders (male and female), who were released from the Florida Department of Corrections within 1 day up to 3 years during 2020-2021, and returning to or residing in Orange, Lake and Sumter counties, by providing employment training and placement, and educational/technical training, medical and other social services. Additionally, this project will provide capacity building training to re-entry organizations in Duval, Pinellas, Leon

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	Salary and Fringe Benefits: (fringe is .08765 of (\$54,000 salary), The Project Head (Larry Williams) will ensure the goals and objectives of the project are met, and provide supervision for staff and consultants.	58,733
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salary and Fringe Benefits: (fringe is .08765 of \$15,000 salary. The bookkeeper will be responsible for tracking daily, weekly and monthly expenditures for this project and produce monthly reports; and prepare documents or the financial audit.	16,315
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel for the Project Head to oversee the project.	1,080
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		

<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary and Fringe for staff: Orange County: 3 Case Managers, 2 Outreach Workers Lake County: 1 Case Manager, 1 Outreach Worker, 1 Site Coordinator Sumter County: 1 Case Manager, 1 Outreach Worker and 1 Site Coordinator	308,892
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Office Expenses and Travel	28,631
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	The following consultants will be contracted to support the project: Employment Consultant, Resource Development Consultant, Mental Health Consultant, Capacity Building Consultant, Project Evaluator and Certified Public Accountant	410,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		823,651

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

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:
University of Central Florida Reentry Study

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?
Case Management, Educational and Technical Training, Medical and Social Services

17b. Describe the direct services to be provided to the citizens by the funding requested.
Employment Training and Placement, Job Creation, Medical and Social Services, Case Management, Educational and Technical Training and mentoring.

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	100% of enrolled participants will be assessed for documented and undocumented mental disorders and referred to appropriate services.	80% of offenders enrolled with a mental disorder diagnosis will be referred and documentation for outcomes and compliance to treatment
<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	100% of enrolled offenders will be assessed for educational status and	80% of enrolled participants with identified educational or technical

	goals. Recommendations will be made for achieving educational goals in the individual case plan.	training goals will be enrolled or completed training by June 2021.
<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	100% of enrolled and employed participants will contribute to their local economy in taxes and good and services purchase.	100% enrolled participants that are employed will contribute to his/her local economy.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	The Employment Consultant will organize employers to participate in 10 job fairs for participating ex-offenders and community members.	50% (250) enrolled participants will be employed by June 2021.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Provide employment training and placement for 500 participating ex-offenders	100% of enrolled participants (ex-offenders) ex-offenders will complete employment training and placement by June 30, 2021.
<input checked="" type="checkbox"/> Reduce recidivism	Provide case management for 500 enrolled participants and make appropriate referrals for medical, social and other services needs identified.	500 individual case plans will be developed and implemented, documenting referrals and outcomes.
<input checked="" type="checkbox"/> Reduce substance abuse	500 enrolled ex-offenders will be assessed for substance abuse and referred to local provider for	100% of enrolled participants with substance abuse diagnosis will be referred to substance abuse

	treatment and services.	treatment and care.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Provide case management for 500 enrolled participants and assign a mentor as appropriate.	100 % of enrolled participants will be assessed for mentors if appropriate.
<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:	823,651	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	823,651	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