

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Victory for Youth Share Your Heart Program
2. Date of Submission: 10/23/2019
3. House Member Sponsor: Ana Rodriguez  
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? 2018-19
- 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<br>for FY 2019-20<br><i>(If appropriated in 2019-20 enter the<br/>appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request<br>for FY 2020-21<br><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<br><br><i>(Recurring plus Nonrecurring:<br/>column A + column B)</i> | Recurring Base Budget<br><br><i>(Will equal non-vetoed amounts provided in Column A)</i>                        | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring plus Recurring Base Funds</b><br><br><i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts:     |   |                               |   |   | 865,280                                | 865,280   |

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 Children and Families
  - 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.  
Loss of all future funding

6. Requester:

- a. Name: Rolando Gonzalez
- b. Organization: Victory for youth/Share your heart
- c. Email: rolyg@shareyourheart.us
- d. Phone #: (786)286-4814

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

- a. Name: Rolando Gonzalez
- b. Organization: Victory for youth/Share your heart
- c. Email: rolyg@shareyourheart.us
- d. Phone #: (786)286-4814

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: Victory for youth/Share your heart
- b. County (County where funds are to be expended): Broward, Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, 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?

The purpose of the funding is to: 1) Continue to support federal, state and local efforts in increasing family stability and decrease involvement in governmental systems by expanding on assistance to families in distress; 2) Train Community Response Teams (CERT) and establish a communication network to increase the emergency response capacity of the Miami-Dade Emergency Management Department in times of disaster; 3) Expand the service area and locations

12. Provide specific details on how funds will be spent. (Select all that apply)

| Spending Category  | Description  | Nonrecurring<br>(Should equal 4d, Col. E) Enter "0" if<br>request is zero for the category |
|--|--|--|
| Administrative Costs:  |  |  |
| <input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits | Oversee all operations   | 70,000   |
| <input checked="" type="checkbox"/> b. Other Salary and Benefits                           | Salary for all support staff   | 56,780   |
| <input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other             | Expenses related to office for supplies, rent, equipment, communication and maintenance, liability insurance, worker's comp, payroll tax expense and travel expense.                                 | 76,008   |
| <input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study               | Professional fees and tax preparer and grant writing   | 20,000   |
| Operational Costs:   |  |  |
| <input checked="" type="checkbox"/> e. Salaries and Benefits                               | Wages for operational staff to include operational managers, program and volunteer coordinator, case managers, warehouse managers and part time clerks, warehouse assistants and community liaisons. | 423,600  |

|   |  |                |
|---|--|----------------|
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Expenses related to the operation of the organization including communication, transportation, training programs, maintenance and supplies for clients | 208,892        |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study    | Contract labor needed for programs   | 10,000         |
| Fixed Capital Construction/Major Renovation:                                    |  |                |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering   |  |                |
| <b>TOTAL</b>  |  | <b>865,280</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:

Signed Memorandums of Understanding from Department of Children and Families, Miami-Dade State Attorneys Office, Miami-Dade Fire Rescue-Elderly Links, Miami-Dade Coordinated Victims Assistance Center, Miami-Dade County School Board/ Police, Miami- Dade County Community Action Centers, Miami-Dade Public Defenders Office.

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 activities and services will include providing food, clothing and supplies at our service locations; providing food, clothing, supplies and emotional/spiritual support to referrals received from our increasing number of partners with memorandums of understanding; the development of a communication network for our volunteers; CERT training for emergency situations; volunteer training; special events that support these services; assisting the Emergency Management Department during disasters.

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

Families and children will be provided with goods, clothing, supplies and services, including emotional/spiritual support in times of distress and/or disaster. Specially trained volunteers will be available to assist government entities in times of disaster.

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                            | It has been shown that Piscatorial Therapy helps Veterans reduce their number of Medications, increase physical activity thus lose weight | Monitor the Veterans to see if there are improvements in their physical health working with Research departments and or working with veterans to monitor and track physical health. |
| <input checked="" type="checkbox"/> Improve mental health                              | Piscatorial Therapy has been shown to improve mental health issues and lets Veterans open up and feel better about themselves.            | Veteran would be asked to fill out surveys on line about the program and give statements as to their thoughts and feelings.   |
| <input type="checkbox"/> Enrich cultural experience                                    |   |   |
| <input type="checkbox"/> Improve agricultural production/promotion/education           |   |   |
| <input type="checkbox"/> Improve quality of education                                  |   |   |
| <input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and | Work with Veterans to teach them the Value of Catch and release within the  | Veterans will learn important lessons on the Environment and how to   |

|   |  |   |
|---|--|---|
| wildlife quality  | program. Give classes on how to improve the environment.                       | protect the Fish and Wildlife.  |
| <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 quality of life and improve emergency response | Feed and cloth the most vulnerable population of Miami Dade and Broward county | Families and children will be provided with food, clothing, supplies and services measured by dollar value of the items and services distributed; reduction in the number of families with allegations of abuse or neglect who receive goods and services |

|  |  |  |
|--|--|--|
|  |  | measured by DCF data of the number of families who have an allegation of abuse or neglect 6 months after receiving goods and services; assist government agencies, families and children during disasters. |
|--|--|--|

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: | 865,280        | 95.1%            | 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:  | 10,000         | 1.1%             | Yes   |
| 5. Other:  | 35,000         | 3.8%             | Yes   |
| <b>TOTAL</b>   | <b>910,280</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