

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Teen Court of Sarasota High-Risk Student Behavior Education and Counseling
2. Date of Submission: 10/29/2019
3. House Member Sponsor: Tommy Gregory
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:					350,000	350,000

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? 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.

Failure to produce deliverables or to meet performance goals and measures could result in delayed disbursements, termination, and reimbursement of state funds.

6. Requester:

- a. Name: Lori Moran
- b. Organization: Teen Court of Sarasota, Inc.
- c. Email: programs@sarasotateencourt.org
- d. Phone #: (941)861-8460

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

- a. Name: Lori Moran
- b. Organization: Teen Court of Sarasota, Inc.
- c. Email: programs@sarasotateencourt.org
- d. Phone #: (941)861-8460

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: Teen Court of Sarasota, Inc.
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Sarasota

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 is to educate youth and their families about using vapor products, such as e-cigs and pods, and the effects on health, wellbeing and future. Additionally, we would provide guidance/tools on how to address the challenges youth may be struggling with at home that may have led to this poor choice. Goals will include preventing youth addiction to vaping and other harmful substances and educating parents.

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	Oversee flow of the program, and manage the Program Coordinator, internal Case Manager and Program Facilitator.	50,000
<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	3 positions: Program Coordinator-calls/emails/text families the program schedule and reminds them to attend. Responsibilities include communication between organization, facilitator and families. Facilitator- Teaches youth and parents about the vaping, e-cig health risks. Case Manager-Intake interview and sets parameters for individual	100,000

	families for long term success. Point of contact for Mental Health referral.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Audio/visual, paper notebooks, statistical information and curriculum, any facility cost for training room, mileage for staff, printed material and drug tests.	50,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Mental Health Counselors (private/licensed/insured). \$100 per hour for up to 10 sessions per family in need. This would serve approximately 100 families in Sarasota County. Recidivism study conducted utilizing various databases. Survey software for pre and post evaluations of program. Outcome driven.	150,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		350,000

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?

A curriculum of four consecutive weekly group classes with additional Mental Health Counseling support.

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

Discussion topics include: The legal consequences of possession and use, the developing body and maturing brain impacts, peer and family relationships, connecting science to the user, communication strategies for parents and teens, self-esteem, self awareness and resiliency. Anger, love and emotional responses to situations and stresses in our cultural environments.

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): Parents of students.

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	Clean drug test Client does not re-offend and stays in school Stops vaping and understands dangers of using and health risks	Successful completion of classes and any additional counseling. Pre and post surveys from parents
<input checked="" type="checkbox"/> Improve mental health	Healthier lifestyle and improved relationship with family at home. Connecting the science and research regarding nicotine, marijuana and other chemicals to the vape pen user.	Successful completion of the program Pre and post survey's from teens and parents Recidivism study showing no recurrence through high school graduation
<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 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 checked="" type="checkbox"/> Reduce substance abuse	The misconception that using electronic vaporizers produces a harmless water vapor will be eliminated. Course content will show that harmful aerosols are inhaled into the lungs and exhaled into the environment.	Post surveys. Indicator if the program has provided them with successful outcomes.
<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 type="checkbox"/> Other (Please describe):		
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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:	350,000	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	350,000	100%	

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

No