# Appropriations Project Request - Fiscal Year 2020-21

**For projects meeting the Definition of House Rule 5.14**

1. Title of Project: Financial Empowerment for Asset Building and Stability
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Dotie Joseph
   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 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.) | | | Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.) | | |
|---|---|---|---|---|---|---|
| Column: | A | B | C | D | E | F |
| Funds Description: | Prior Year Recurring Funds | Prior Year Nonrecurring Funds | Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B) | Recurring Base Budget (Will equal non-vetoed amounts provided in Column A) | **Additional Nonrecurring Request** | **TOTAL Nonrecurring plus Recurring Base Funds** (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.) |
| Input Amounts: | | | | | 301,220 | 301,220 |

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 Economic Opportunity
   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.
   A percentage of the award may be withheld if the number of approved clients are not served and outcomes are not met.

6. Requester:
   a. Name: Gepsie M. Metellus
   b. Organization: Hatian Neighborhood Center, Sant La Inc.
   c. Email: gepsiem@santla.org
   d. Phone #: (305)573-4871

7. Contact for questions about specific technical or financial details about the project:
   a. Name: Gepsie M. Metellus
   b. Organization: Hatian Neighborhood Center, Sant La Inc.
   c. Email: gepsiem@santla.org
   d. Phone #: (305)573-4871

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: Haitian Neighborhood Center, Sant La Inc.
   b. County (County where funds are to be expended): 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 funds will serve to provide a three-prong program including: 1) free tax preparation to eligible low and moderate income individuals and families 2) financial coaching to reach specific client financial goals and 3) community education via radio and television about viable and credible asset-building products and to warn against financial scams that target vulnerable populations.

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: | | |
| ☑a. Executive Director/Project Head Salary and Benefits | 50% of Executive Director's salary to provide guidance and leadership for project implementation, outcomes and continued sustainability ($48,000). Benefits calculated at 21% of salary and include FICA, MICA, Unemployment, Workman's Compensation, health, vision, and dental insurance ($10,080) | 58,080 |
| ☐b. Other Salary and Benefits | | |
| ☐c. Expense/Equipment/Travel/Supplies/Other | | |
| ☑d. Consultants/Contracted Services/Study | Accounting and Auditing services at 10% of agency's annual costs | 5,400 |
| Operational Costs: | | |
| ☑e. Salaries and Benefits | 100% of salary for 2 full time program staff members; Tax preparer and financial coach ($94,000); Benefits calculated at 21% of program staff salaries and include FICA, MICA, | 113,740 |

| | | |
|---|---|---|
| | Unemployment, Workman's Compensation, health, vision, and dental insurance ($19,740) | |
| ☑f. Expenses/Equipment/Travel/Supplies/Other | Program supplies, photo copier lease, program printing and toner at 10% of agency's annual cost ($5,000); Office lease ($40,000) utilities (telecommunications, electricity, security and maintenance) ($9,000) reflecting one quarter of the utilization costs of office space for program-related activities | 54,000 |
| ☑g. Consultants/Contracted Services/Study | Contracted legal services to assist clients with preparation of wills and other asset protection documents each program year ($25,000); outreach and education via radio and television at negotiated rates ($25,000) Contracted services from a qualified academic vendor to prepare a study highlighting the challenges, progress and successful and/or common asset-building strategies. | 70,000 |
| Fixed Capital Construction/Major Renovation: | | |
| ☐h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 301,220 |

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:
Support for this project is demonstrated by the backing of the statewide United Ways.

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:
The need for this project is documented through a number of reports prepared by credible institutions, such as the FIU Metropolitan Center entitled Prosperity Initiatives and by the Prosperity Now's state scorecard depicting the income and asset levels as well as the level of poverty in the State of Florida.

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 program will provide three main services: (1) Tax preparation as well as tax return amendments, (2) one-on-one financial coaching with a focus on issues such as credit building; and saving for homeownership, college and retirement, (3) education via Haitian Creole media about viable financial products and services and to protect community members from tax refund scams, predatory lenders and investment scams.

17b. Describe the direct services to be provided to the citizens by the funding requested.
The program will offer free tax preparation services to 800 clients; 300 will be engaged in long-term financial coaching. Finally, community residents will gain increased awareness of and will be able to select appropriate asset building products that reflect their needs and

financial circumstances such as; IRA's, saving bonds, children's savings accounts; as well as assert protection tools such as wills and medical proxies among others.

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 |
|---|---|---|
| ☐Improve physical health | | |
| ☐Improve mental health | | |
| ☐Enrich cultural experience | | |
| ☐Improve agricultural production/promotion/education | | |
| ☐Improve quality of education | | |
| ☐Enhance/preserve/improve environmental or fish and wildlife quality | | |
| ☐Protect the general public from harm (environmental, criminal, etc.) | | |
| ☐Improve transportation conditions | | |
| ☑Increase or improve economic activity | 1) 100% of eligible clients will have their tax returns prepared free of charge and save at least $100 in tax preparation costs. 2) 25% of clients will show an increase in credit scores. 3) 75% of clients will have an active bank account. 4) 10% of clients will opt to purchase savings bonds during tax preparation. | 1) The number of tax returns prepared and filed by Sant La. 2) Credit score improvements will be reflected in before and after credit reports. 3) Tax returns will be deposited via direct deposit in clients checking and/or savings account. 4) Documentation provided by the IRS. |
| ☐Increase tourism | | |
| ☐Create specific immediate job opportunities | | |
| ☐Enhance specific individual's economic self sufficiency | | |
| ☐Reduce recidivism | | |

| | | |
|---|---|---|
| ☐Reduce substance abuse | | |
| ☐Divert from Criminal/Juvenile justice system | | |
| ☐Improve wastewater management | | |
| ☐Improve stormwater management | | |
| ☐Improve groundwater quality | | |
| ☐Improve drinking water quality | | |
| ☐Improve surface water quality | | |
| ☐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: | 301,220 | 92.3% | 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: | 25,000 | 7.7% | Yes |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 326,220 | 100% | |

20. Is this a multi-year project requiring funding from the state for more than one year?
<u>Yes</u>

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