

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Filter Family Solutions
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Ralph Massullo
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:					550,000	550,000

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 Juvenile Justice
 - 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.
Revocation of Funds

6. Requester:

- a. Name: George Schnmalstig
- b. Organization: Filter Family Solutions, Inc.
- c. Email: filter.pres@gmail.com
- d. Phone #: (352)228-0914

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

- a. Name: George Schnmalstig
- b. Organization: Filter Family Solutions, Inc.
- c. Email: filter.pres@gmail.com
- d. Phone #: (352)228-0914

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Sarah Suskey
- b. Firm: The Advocacy Group at Cardenas Partners
- c. Email: sbs@cardenaspartners.com
- d. Phone #: (850)222-8900

9. Organization or Name of entity receiving funds:

- a. Name: Filter Family Solutions, Inc.
- b. County (County where funds are to be expended): Citrus
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus

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?

Filter Family Solutions, Inc., will develop a piece of property leased to the organization by the Citrus County BOCC for 99 years at \$1 per year in order to continue to deliver an innovative combination of youth mentorship, parental involvement, evidence-based cognitive-behavioral curriculum, and adventure-based programming to address the major risk factors contributing to poor family functioning and juvenile delinquency.

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	The Executive Director will oversee all aspects of program delivery, data collection, and reporting.	50,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office expenses, Marketing expenses.	6,550
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Accounting Services.	5,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Helmet, eye protection, and riding gloves for youth participants and adult volunteers. Dirt bike maintenance and fuel.	5,750
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Two dirt bike instructors; Licensed Mental Health Counselor	33,840
Fixed Capital Construction/Major Renovation:		

<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construct training facility	448,860
TOTAL		550,000

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?

Yes

15a. Please Describe:

Citrus County BOCC has provided Filter Family Solutions, Inc., a 99 year lease at \$1 per year on a piece of property where the program will be housed. Letters of support from Citrus County Sheriff, Citrus County Community Alliance and the Anti-Drug Coalition. The school system regularly refers students to Filter Family Solutions..

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?

Filter Family Solutions will deliver an innovative combination of youth mentorship, parental involvement, evidence-based cognitive-behavioral curriculum, and adventure-based programming to address the major risk factors contributing to poor family functioning and juvenile delinquency.

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

Children and caregivers will complete a five-week cognitive restructuring course found in Thinking for a Change, a cognitive-behavioral program recognized as an “evidence-based practice” by the Florida Department of Juvenile Justice in their 2011 publication, A Sourcebook for Delinquency Interventions.

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

O>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 checked="" type="checkbox"/> Improve mental health	90% of participants will experience an improvement in the state of their mental health.	Improvements to mental health will be measured through self-reporting, parental assessment, feedback from educators, and assessment by a Licensed Mental Health Counselor.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	90% of participants will improve academic performance.	Participants will earn weekly ride time on dirt bikes as their grades improve. Grades will be monitored weekly.
<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 checked="" type="checkbox"/> Reduce recidivism	Participants will have no new law violations.	Interaction with law enforcement will be monitored through parental reporting and electronically through the Department of Juvenile Justice Information System.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Participants will have no law violations.	Interaction with law enforcement will be monitored through parental reporting and electronically through the Department of Juvenile Justice Information 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):		

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:	550,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	550,000	100%	

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

No