

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Thelma Gibson Health Initiative - Community "Passport" to Health and Housing
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Nicholas Duran
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:					189,000	189,000

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? 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.
Awardee will reimburse state funding for non-performance of contract for failing to meet any deliverables

6. Requester:

- a. Name: Joseph King
- b. Organization: Thelma Gibson Health Initiative, Inc (TGHI)
- c. Email: jking@tghimiami.org
- d. Phone #: (305)446-1543

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

- a. Name: Joseph King
- b. Organization: Thelma Gibson Health Initiative, Inc (TGHI)
- c. Email: jking@tghimiami.org
- d. Phone #: (305)446-1543

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: Thelma Gibson Health Initiative, Inc (TGHI)
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): 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?

Our created PASSPORT MODEL helps to maximize participants' quality of life promoting healthy living, self-sufficiency & job skills training to ensure long term success. We develop an individualized plan incorporating on-site & home related services & activities: Assessment/Prioritization of Need; Targeted Care Coordination Services; Individual/Group Sessions; Advocacy/Empowerment; Education on Topics Related to Housing, Financial Literacy, Parenting, Safety and Skillbuilding.

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	Funding award will occupy 10% of the project head's salary/benefits. \$35 hr x 2,080 (40 hr per week for 52 weeks) = \$72,800 - 10% of \$72,800 = \$7,280 Reduced Benefit Package, FICA/MICA 5.5% of full salary = \$4,004	11,284
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Funding award will occupy 10% of one business manager's salary/benefits. \$22.50 hr x 2,080 (40 hr per week for 52 weeks) = \$46,800 - 10% of \$46,800 = \$4,680 Reduced Benefit Package, FICA/MICA 5.5% = \$2,574	7,254
<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	<p>One intake/assessment & vocational/housing specialist to work with families - \$27.50 hr x 2,080 (40 hr per week for 52 weeks) = \$57,200 - 100% of \$57,200 = \$57,200 Benefit Package, FICA/MICA 5.5% of full salary = \$3,146</p> <p>One behavior and intervention specialist to work with families, specializing in job training and housing \$32.50 hr x 2,080 (40 hr per week for 52 weeks) = \$67,600 - 100% of \$67,600 = \$67,600 Benefit Package, FICA/MICA 5.5% of full salary = \$3,718</p>	131,664
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	<p>Equipment for services to include 2 laptops (\$391 each = \$782)</p> <p>Passport model program supplies and material consisting of paper, pencils, handouts, copies and other instructional materials (\$25 per participant x 72 participants = \$1,800)</p> <p>Travel/Mileage averaged at 6 miles per client x 72 participants = 432 miles x \$.50 per mile = \$216</p> <p>Other expense includes program certification and benchmark achievement for 72 participants x \$500 per = \$36,000</p>	38,798
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		189,000
-------	--	---------

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:

City of Miami, District 2 letter of support for programming and services dated 11/14/19

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:

Over the past 3 years, our agency has worked with University of Miami School of Nursing and Public Health. Interns from University have conducted health and community assessments for 3 semesters (2017/2018/2019) and materials presented to Dr. Andrew Porter each year.

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?

Intake and Assessment x 1 session, Care Coordination and Case Management 1 to 4 sessions per months x 4 months, These sessions include, comprehensive 'Passport Program' focusing on social service strengthening and navigation, job training, housing application areas and aftercare to strengthen both the family and the application/applicant. Exit session and evaluation x 1 session

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

We assist and teach clients ways to avoid illness and injury, how to access affordable health care, dental care and health insurance. Our agency staff conducts prevention and harm reduction programs that provide condom distribution and needle exchange, and counseling to help individuals assess their risk and decide on a personalized prevention plan. We help clients retain or upgrade their current living situation, and we improve their budgeting and financial skills, and provide them job trainin

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	Participants must have current physical on file, dental and vision exam on file	Participants who lack physical, dental and/or vision are referred to our partner CHI (Community Health of South Florida). Based on our contract with them, our staff will verify outputs.
<input checked="" type="checkbox"/> Improve mental health	Based on intake and assessment those suffering from trauma, grief, mental health and other DSM diagnosed issues are referred to Mental Health counselors internally and those who suffer from manic and psycho-social and mental impairment issues are referred to our partners	Verification and provision of services are received through our mental health counselors and outpatient partners.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Agency will provide quarterly health fairs/workshops to enhance participants quality of life, provide health education and enhance community engagement by offering classes which participants may not	Pre and Post tests will be given at each workshop to determine understanding and knowledge of each topic.

	be aware of or have access to.	
<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 checked="" type="checkbox"/> Improve transportation conditions	All participants will have transportation plan completed	All participants will have access to vehicle for transportation (verified through valid insurance), bus card/passes on Miami Dade Transit received based on funding need. Copies will be kept on file.
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Participants who lack adequate reading and math skills are referred to our Miami-Dade County funded lifeskills program for math and reading improvement	Participant goal of being able to fill out a resume, job application and social service documents necessary to qualify for public and social service support. Those who cannot do so are referred to vocational rehabilitation or linked to our partner.
<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): Social Service and Health Services Benchmark(s)	Participants will all obtain a valid Florida ID Card, Birth Certificate, Social Security Card and health insurance.	Staff will work with all participants to collect and maintain valid documents necessary for quality of life. Copies of all documents kept on file.

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:	189,000	50.0%	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:	74,000	19.6%	Yes
5. Other:	115,000	30.4%	Yes
TOTAL	378,000	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