

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: First Step of Sarasota - The See Something, Say Something Project
2. Date of Submission: 11/12/2019
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:					828,007	828,007

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.
Withhold funds and require reimbursement.

6. Requester:

- a. Name: David Beesley
- b. Organization: First Step of Sarasota
- c. Email: dbeesley@fsos.org
- d. Phone #: (941)366-5333

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

- a. Name: David Beesley
- b. Organization: First Step of Sarasota
- c. Email: dbeesley@fsos.org
- d. Phone #: (941)366-5333

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

- a. Name: Carole Greene
- b. Firm: Capitol Strategies Consulting
- c. Email: Carole@capitolstrategiesinc.com
- d. Phone #: (850)590-2206

9. Organization or Name of entity receiving funds:

- a. Name: First Step of Sarasota
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Manatee, 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?

To provide high quality prevention and intervention programs in a safe learning environment for all Sarasota School District students. To provide early substance abuse and mental health prevention and intervention services to students. Components include: attention to students at risk for substance abuse, teen pregnancy, violence/bullying, suicide, academic failure, school suspension or dropping out, early identification, referral and intervention for student exhibiting problem behavior.

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	1 FTE for Program Management through the School Board	104,376
<input checked="" type="checkbox"/> b. Other Salary and Benefits	1 FTE Project/Clinical Director	93,750
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Project Evaluation	20,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	4 HS and 1 Second Chance School Student Assistance Program Specialists @\$45,000 each 5tMHFA Coordinators @\$45,000 Plus Benefits @25%	562,500
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Office and travel expenses.	22,181
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Teen Mental Health First Aid Train the Trainer-Training \$3000/person X 5 Coordinators, 1 Project Director and Travel (flight, room and board)	25,200

	estimated \$1200/person X 5 Coordinators and 1 Project Manager	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		828,007

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:

School Board of Sarasota

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?

Access for a Student Assistance Program Specialist to provide support to students and their families at each school in the Sarasota School District.

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

The Student Assistance Specialist will partner with parents, students, school resource officers, other school faculty, agencies and services in seeking to remove barriers that impede student success and to receive direct care.

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Reduce mental health stigma by fostering a school environment where youth can seek help.	The number of students who receive referrals to programs to receive mental health counseling.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Assist in the detection of "at risk" students and development of plans to prevent further psychological or academic deterioration.	The number of students who receive referrals to programs to receive mental health counseling.
<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	With intervention techniques and referral to treatment programs.	The number of students who receive referrals to programs to receive mental health counseling.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	By giving students the opportunity to receive referrals and access to additional services of social and emotional health. So that they have the tools to make better choices.	The number of students who receive referrals to programs to receive mental health counseling.
<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:	828,007	61.4%	N/A
2. Federal:	213,000	15.8%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	150,000	11.1%	Yes

5. Other:	157,500	11.7%	Yes
TOTAL	1,348,507	100%	

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

No