

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Project SEEDS
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Shevrin Jones
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:					250,000	250,000

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 Education
 - 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.
Forfeiture of funding is a suggested penalty a penalty to consider for failing to meet deliverables or performance measures.

6. Requester:

- a. Name: Jonathan Spikes
- b. Organization: Affirming Youth Foundation, Inc.
- c. Email: jonathan@affirmingyouth.org
- d. Phone #: (305)772-8270

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

- a. Name: Jonathan Spikes
- b. Organization: Affirming Youth Foundation, Inc.
- c. Email: jonathan@affirmingyouth.org
- d. Phone #: (305)772-8270

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: Affirming Youth Foundation, Inc.
- b. County (County where funds are to be expended): Broward, 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?

Reduce the incidence of violence through health and wellness services to trauma-impacted youth; (2) lower rates of aggression and violent behavior by helping youth develop emotional self-awareness and control, positive social skills, problem-solving, and conflict resolution; (3) provide mentoring and intensive wraparound services that address environmental factors, family, and daily living.

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	Executive Director/ Project Director-40% FTE to project \$100,000.00 The agency's fringe benefits rate is 22% for FTE's and covers the following items: FICA/MICA (7.65%), Health Insurance (8.29%), Worker's Compensation (1.92%), Unemployment Compensation on the first \$7000 per employee (4.60%)	48,800
<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	Project Manager/Clinical Social Worker- 100% FTE to project \$60,000. Public Health Specialist - 100% FTE to project \$50,000. Administrative Assistant/ Office Manager 100% FTE \$20,000. The	158,600

	agency's fringe benefits rate is 22% for FTEs and covers the following items: FICA (7.65%), Health Insurance (8.29%), Worker's Compensation (1.92%), Unemployment Compensation on the first \$7,000.00 per employee (4.60%) for a total of \$ 41,800.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	3 Laptops @ \$1500 each with required software & warranty purchased in Year 1. Total= \$4,500. General office supplies= \$8,600. Staff travel = \$2,788.	15,888
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Eye Open, Inc. \$10,000 EDQuality, Inc. \$16,712	26,712
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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:

We have letter of support from Miami-Dade County Public Schools, Miami-Dade Department of Juvenile Services, Career Source, Florida International University-Education Effect, and Gang Violence Initiative

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:

Yes, an independent study was completed by psychologist Dr. Ischai Robertson and Dr. Dionne Stephens.

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?

Trauma-informed clinical mental health services, academic enrichment activities, and family strengthening activities.

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

Cognitive guidance sessions including goals and informational content. The program will use Cognitive Based Interventions for Trauma in Schools (CBITS), Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) and Promoting Alternative Thinking Strategies (Paths) to build life skills, such as communication, initiating and maintaining relationships, and promoting positive youth development, such as handling anger and managing stress.

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	Percent of program youth exhibiting a desired change in the targeted behavior (short and long term), Number and percent of program youth who exhibited a desired change in the targeted behavior during the reporting period or 6–12	A. Number of program youth served during the reporting period or who exited the program 6–12 months ago with the noted behavioral change (behavior targeted will depend on specific program goals and activities and may include family relationships, gang resistance/involvement,

	months after exiting the program.	substance abuse, etc.). B. Total number of youth receiving services for the targeted behavior during the reporting period or who exited the program 6–12 months ago. C. Percent (A/B).
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Number and percent of youth served with whom an evidence-based model or program was used. Evidence-based models and programs include those that have been shown, through rigorous evaluation and replication, to be effective at preventing or reducing juvenile delinquency or related risk factors, such as substance abuse. Model programs can come from many valid sources (Blueprints for Violence Prevention, OJJDP’s Model Programs Guide, SAMHSA’s Model Programs, etc.).	A. Number of youth served using an evidence-based model or program during the reporting period. B. Number of youth served during the reporting period. C. Percent (A/B).
<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 type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Activities include meetings held, needs assessments undertaken, and so on, related to reducing violence-related activity.	Number of gang-related planning activities conducted during the reporting period.
<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:	250,000	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	250,000	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