

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Youth and Family Alternatives - Collaborative Case Management Facility
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Amber Mariano
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:					500,000	500,000

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.
Should YFA fail to meet its deliverables or perform below standards, funds will be returned to the state

6. Requester:

- a. Name: Mark Wickam
- b. Organization: Youth and Family Alternatives, Inc.
- c. Email: mwickham@yfainc.org
- d. Phone #: (727)835-4166

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

- a. Name: Karen Maziarz
- b. Organization: Youth and Family Alternatives, Inc
- c. Email: kmaziarz@yfainc.org
- d. Phone #: (727)569-6753

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

- a. Name: Sam Wagoner
- b. Firm: Sunrise Consulting Group
- c. Email: wagoner@scgroup.us
- d. Phone #: (352)584-8647

9. Organization or Name of entity receiving funds:

- a. Name: Youth and Family Alternatives, Inc
- b. County (County where funds are to be expended): Hernando
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Hernando, Lake, Marion, Orange, Sumter

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?

YFA is currently searching for a piece of property approximately 5 or more acres in which it can build a custom 15,000 sq ft facility for its adoption and foster care services in Hernando County. This \$2.7 Million project would incorporate family visitation rooms, counseling rooms and reunification areas, along with adequate storage areas for foster youth to store their personal belongings. 2,500 sq ft of the building will be created for use by PKF. Debt service will be used for partial funding.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<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 type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Land purchase for joint agency building	500,000
TOTAL		500,000

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:

Both YFA and Pasco Kids First are supported by local law enforcement, state legislative officers, Congressional officers, local United Ways, county elected officials, municipal officials and local community civic organizations.

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?

YFA and Pasco Kids First will work with local licensed contractors and real estate agents to secure the land and to receive quotes for the design and creation of the building. Upon determination of vendors, permits will be filed as needed and work will be overseen by YFA staff until completion.

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

The new building would create a coordinated location where youth and families will be provided foster care case management, adoption case management, skilled nursing care for youth, trauma informed counseling, abuse prevention classes, reunification services and family support staff.

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	100% of youth in foster care have received medical services in the last 12 months	# of youth/ # of youth receiving medical services
<input checked="" type="checkbox"/> Improve mental health	100% of youth brought to PKF who have experience trauma or witnessed a crime will receive mental health counseling.	# youth in need / # youth who receive counseling
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	80% of young adults who aged out of foster care have completed or are enrolled in secondary education, vocational training, and/or adult education	# young adults aged out/# enrolled in education or training
<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	92% of children do not re-enter foster care within 12 months of moving to permanent placement	# youth/ # youth that do not re-enter foster care
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	80% of youth in case management will not have involvement with DJJ after 6 months	# of youth served/ # of youth with new involvement in DJJ 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): Increase Safety	100% No verified maltreatment within 6 months of termination of in-home and out-of-home services	# youth / # cases of maltreatment

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:	500,000	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	500,000	100%	

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

No