

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: First Hug Program - Pasco and Pinellas County

2. Date of Submission: 11/15/2019

3. House Member Sponsor: Amber Mariano

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:					805,418	805,418

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? Yes

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.

Reversion of funds

6. Requester:

- a. Name: Tim Marks
- b. Organization: Metropolitan Ministries
- c. Email: tim.marks@metromin.org
- d. Phone #: (813)209-1250

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

- a. Name: Betty Katsamakis
- b. Organization: Metropolitan Ministries
- c. Email: betty.katsamakis@metromin.org
- d. Phone #: (813)209-1030

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

- a. Name: Sydney Ridley
- b. Firm: The Southern Group
- c. Email: ridley@thesoutherngroup.com
- d. Phone #: (813)563-4100

9. Organization or Name of entity receiving funds:

- a. Name: Metropolitan Ministries
- b. County (County where funds are to be expended): Pasco
- c. Service Area (Counties being served by the service(s) provided with funding): Pasco, Pinellas

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?

First Hug seeks to address the needs of families who are homeless and at-risk of homelessness. 2,000 families will be served through homeless prevention services; 150 families will receive wrap-around case management support. Services will: Stabilize and connect families to resources; reduce stress and impact of trauma; prevent homelessness and future homelessness; assure access to early intervention services for children 0-5; reduce barriers to school attendance for school-aged children

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 checked="" type="checkbox"/> e. Salaries and Benefits	To pay salaries and benefits for direct care staff, including Prevention Specialists and Family Advocate Case Managers.	655,906
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	To provide direct client assistance/supplies to homeless and at-risk of homeless families.	149,512
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		805,418

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:

Yes, the community has demonstrated support for projects and programs which address the needs of homeless families. Please find letters of support from the Pasco County School Board, Pasco County Sheriff’s Office, Pasco County Homeless Coalition, and the United Way of Pasco County, among others. Additionally, Tim Marks, President/CEO of Metropolitan Ministries has spoken at public hearings advocating for program support, including the Pasco County Board of County Commissioners.

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:

The Shimberg Center for Housing Studies reported a 98% increase in homeless students in Pasco and Pinellas Counties between 2007-2018. The 2018 Point in Time count conducted by the Homeless Coalition identified 1,356 homeless in Pasco County. 41% were families. Additionally, the Florida Department of Education identified 1,976 homeless students in Pasco County 2017-2018 school year. As of August 31, 2019, 867 students had already been identified by Pasco County School District as homeless.

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?

First Hug is a two-generation child centered program which seeks to empower families to prevent and mitigate the impact and trauma of homelessness through access to prevention services, resources, and wrap-around case management. Services focus on improving family overall stability and well-being and address children's developmental and school needs.

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

Family Support Center Prevention Specialists will assess and provide resources including financial assistance to prevent homelessness to 2,000 individuals in East and West Pasco. First Hug Family Advocates will provide wrap-around case management support focused to 150 homeless families for 3 to 6 months using evidence-based techniques. Wrap around services include assistance identifying housing, employment, developmental screening for children ages 0-5, assistance with enrolling in school, pa

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	At least 80% of a minimum of 150 parents/caregivers will have improved family well-being.	Increase on North Carolina Family Assessment Scale (NCFAS-G) from entry to exit or maintain score of 0 on Family Health domain.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	1. At least 85% of 75 parents/caregivers with school-aged children will be involved with their child's development, education, or school. 2. At least 85% of a minimum of 150 parents/caregivers will support their child's healthy development	1. Increase in average score on Parent Questionnaire from entry to exit of case management program (or beginning/end of school year). 2. Completed ASQ3 Parent Conference form with verified completion of activity sheet within 45 days of opening case management services.
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	1. Link 1,000 individuals to concrete support to prevent homelessness. 2. At least 85% of a minimum of 150 families will have improved self-sufficiency.	1. Amount of at-risk of homeless individuals served through concrete support service to prevent homelessness. 2. Increase on North Carolina Family Assessment Scale (NCFAS-G) from entry to exit or maintain score of 0 on self-sufficiency domain.
<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 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:	805,418	80.0%	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:	201,355	20.0%	Yes
5. Other:	0	0.0%	No
TOTAL	1,006,773	100%	

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

No