

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: A Vision of Redemption, Inc. - Hope Program
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Evan Jenne  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					500,820	500,820

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 Corrections
  - 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.  
Reimbursement to the State

6. Requester:

- a. Name: Robin Figueroa
- b. Organization: A Vision of Redemption, Inc.
- c. Email: info@avisionofredemption.org
- d. Phone #: (954)635-2131

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

- a. Name: Robin Figueroa
- b. Organization: A Vision of Redemption, Inc.
- c. Email: robin@avisionofredemption.org
- d. Phone #: (305)542-5110

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: A Vision of Redemption, Inc.
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

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?

These funds will support multiple programs provided by the AVOR Hope Group in order to better the lives of individuals recently released from incarceration by providing them the tools to be financially literate, healthy, and find gainful and steady employment.

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	Salaries will be used to pay executive director.	80,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	FICA, FUTA, Workers Comp, for ED and PM, Coordinator, Admin Assistant, Fringe Benefits.	37,620
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel Expenses	3,600
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Hire a Program director, and 2 project managers, 3 coordinators, 2 administrative assistant, 4 instructors.	305,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Books, training material for RISE, LIFE, and HEAL program curriculums.	15,600
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Educational Training for instructors, ED, PM, PC, Administrative Assistant	12,000
Fixed Capital Construction/Major Renovation:		

<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	To pay facility fees, Utilities, Communication, Bookkeeping insurance.	47,000
TOTAL		500,820

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 letters of support from local public and private agencies, families, and individuals.

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:

There have been various studies on the impact of incarceration to families and our community.

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?

LIFE - Lessons in Financial Empowerment. This program provides instruction in financial literacy to improve financial well-being. HEAL - Healthy Eating and Active Living. This program focuses on nutrition and exercise as a way to improve physical and mental well-being. RISE - Resources for Incurring Success in Employment - This program teaches participants employment and life skills to help them improve their social and economic well-being.

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

(FDIC) Money Smart curriculum teaches participants the basics of personal, financial management, including introduction to bank services, introduction to credit, how to choose and keep a checking account, how to keep track of money, why you should save, etc. The Rise Program model prepares participants for employment: allows them to practice job skills they learn: and provides positive feedback on job performance.

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	Increase participation in outdoor recreation/sport; Increase positive attitudes towards protecting the environment; Increase family unity/cohesiveness.	Each of the outcomes will be measured by comparing pre- and post-test results of questionnaires on the topics of healthy shopping, preparing healthy meals, protecting the environment, and feelings of connectedness to family and community.
<input checked="" type="checkbox"/> Improve mental health	Increase the feeling of belonging to the neighborhood community.	Each of the outcomes will be measured by comparing pre- and post-test results of questionnaires on the topics of healthy living.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	The goal of Lessons in Financial Empowerment (LIFE) component of HOPE is to provide participants in the program with the knowledge, skills and tools necessary to lift them from poverty and unmanageable debt so they can enjoy financial success	More than 25% of participants will have increased banking, saving, and financial skills.

	throughout life.	
<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 checked="" type="checkbox"/> Increase or improve economic activity	Program participants' ability to define basic, personal financial terms and concepts will increase and they graduate from the program.	More than 25% of participants will have increased use of banking, saving, and financial skills, evaluated using the pretest/post test evaluation tools for each of the 11 modules included in the FDIC Money Matters.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	The goal of RISE is to provide returning citizens in the greater Fort Lauderdale area with the education, training, and support essential to entering and remaining in the workforce.	Compare each participant's SCANS basic skills, SCANS thinking skills, SCANS personal qualities skills, Self-Esteem Index, and Self-Assessment scores at the beginning and upon completing the program.
<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:	500,820	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
<b>TOTAL</b>	<b>500,820</b>	<b>100%</b>	

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