

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Robert Parker Foundation - "0906 Officer Out of Service" Initiative
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Barbara Watson  
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:					1,000,000	1,000,000

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 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.  
Repayment of State Funds not supported by accepted accounting procedures to include appropriate time keeping, invoices and receipts.

6. Requester:

- a. Name: Veronica Parker
- b. Organization: Robert Parker Foundation
- c. Email: kalika@bellsouth.net
- d. Phone #: (305)970-0029

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

- a. Name: Bobbie Ghaffar
- b. Organization: Robert Parker Foundation
- c. Email: bobbie.ghaffar@nativeangels.biz
- d. Phone #: (910)734-7286

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

- a. Name: Bobbie Ghaffar
- b. Firm: Robert Parker Foundation
- c. Email: bobbie.ghaffar@nativeangels.biz
- d. Phone #: (910)734-7286

9. Organization or Name of entity receiving funds:

- a. Name: Robert Parker Foundation
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): 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?

Initial Funding to launch the Robert Parker Foundation "0906, Officer Out of Service", an effort utilizing the art and science of Healing Trauma to break the silence and stigma associated with mental health.

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	Conduct all day to day operations of Robert Parker Foundation. Establish all accountability systems. Establish model for training utilizing Complementary and Alternative Medical traditional/non-traditional modalities.	200,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Administrative of all programs. Counseling to include LPC, LLC, MD, CAM specialists MD, Marketing Lay Health Trauma Staff	200,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office equipment and supplies Equipment, phone, internet, security, computers, laptops, telecommunications Materials and CAM Supplies	200,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Art and Science of Healing Trauma study Somatic/ counseling/meditation services Effectiveness of CAM modalities Scholarships, events, on-call MD, suicide hot line, treatment,	400,000

	recovery, training with existing and retired Miami Dade officers/families	
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 type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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:

Community leaders, current and former police officers, elected officials local, state and nationally, FBI, etc. Please see Bio. Recent naming of Highway in his honor. Listed in Congressional Record. Listed in the Florida State House Honoree.

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?

Counseling, training, scholarships, education, mentoring, peer to peer support.

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

Counseling, training, scholarships, education, mentoring, peer to peer support. Community and Civic engagement, Mental Health Intervention, treatment and awareness.

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): Targeting former or retired service members or police officers, their families and future officers.

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	By planning for self care before, during and after a potential crisis may occur	Patient monitoring tool
<input checked="" type="checkbox"/> Improve mental health	1. Action to prevent, engage, heal and survive after service as a service member and/or police officer. 2. Engage and train family members and support peers to identify triggers and issues. 3. Create a Healing Trauma program to explore and identify the secret trauma that those who protect and serve suffer through while in active duty and after they retire in a safe, non stigma created program.	1. Provide specific training directed at the art and science of healing trauma. 2. Education to prevent, identify, intervene, heal and volunteer for others. 3. Model for replication utilizing non-traditional modalities associated with Complimentary Medicine to promote healing.
<input checked="" type="checkbox"/> Enrich cultural experience	This integrates the unique culture of Diverse and individual groups as well as the culture of the police/service member force.	1. Self Reported 2. Records 3. Utilize traditional and non-traditional healing methods dealing with mind, body, and spirit.

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	A mentally fit and healthy police force active and retired.	1. Tracking and instruments for inclusion.
<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	Provide direct and indirect support for current and former police and military service members. Stop the dependence on medications and deal with actual sources of trauma and heal	Treatment metrics Records
<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:	1,000,000	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
<b>TOTAL</b>	<b>1,000,000</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