

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alpha & Omega Freedom Ministries - Hannah's House Domestic Violence Shelter and Homeless Women and Children's Complex

2. Date of Submission: 11/14/2019

3. House Member Sponsor: Melony Bell

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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:					155,500	155,500

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.

Non payment of invoices, implement a corrective action plan

6. Requester:

- a. Name: Christine Price
- b. Organization: Alpha & Omega Freedom Ministries, Inc.
- c. Email: chris@aofminc.com
- d. Phone #: (863)773-5717

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

- a. Name: Christine Price
- b. Organization: Alpha & Omega Freedom Ministries, Inc.
- c. Email: chris@aofminc.com
- d. Phone #: (863)773-5717

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: Alpha & Omega Freedom Ministries, Inc.
- b. County (County where funds are to be expended): Hardee
- c. Service Area (Counties being served by the service(s) provided with funding): DeSoto, Glades, Hardee, Hendry, Highlands, Okeechobee

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?

Provide the best counselors and staff to help in the areas of counseling for domestic violence survivors, help them get on their feet again through medical, dental, psychological, job training, continuing education, finding jobs, as well as a more permanent place to live. We also provide counseling to other clients for courts, DCF, One Hope United and many other agencies. AOFM, Inc. also provides food and transportation.

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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	2 new computers with monitors and software--1 was damaged during Irma and the other needs replacing. \$1000 each	2,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Accounts Receivable partial salary \$12 x 20 hrs.x50 weeks=\$12,000 Mtnce partial salary \$12 x 20 hrs. x 50-\$12,000; Onsite Manager Hannah's House partial salary \$12 x 20 x 50 weeks =\$12,000; House Mother \$12 x 20 hrs. x 50 =\$12,000; Part time receptionist \$14250 9.5 x 30 x 50	62,250

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Electric-Hannah's House DV Shelter & counseling center \$10,000 Insurance-partial \$10,000 for Hannah's House & counseling center Transportation for clients at shelter \$2500-work, school & appts \$1500 for food for clients at Hannah's House DV shelter Automobile expense \$6000.00. Benevolence hotels, gas,transportation home\$9500;	39,500
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	\$500 for CPA \$1250 for training (5) people to renew Domestic Violence (2)Certification and (3) for Batterer Intervention Program	1,750
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Renovations for apartment complex for homeless women and children damaged in Irma. \$50,000 (partial of what we need to provide)	50,000
TOTAL		155,500

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:

Support from local sheriff, police, judges, donations by local board of county commissioners, and individual donations.

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:

FDLE has numbers for each county regarding assaults, domestic violence, etc. This is located in their website.

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?

A portion will be for assisting clients and community with food, shelter, counseling, medical, psychological assessments, bus tickets home, plane ticket, gas, electricity at times.

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

Each client will be given an assessment of needs, counseling to be provided, shelter, food, transportation to school, work and appointments.

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): Domestic violence victims, batterers for reentry into society.

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	Each woman entering shelter will receive physical at local health department and/or hospital if needed.	# of women and children needing health or medical treatment will receive it 100% of the time. This will be monitored by the case manager and put in each client's file.
<input checked="" type="checkbox"/> Improve mental health	Each woman or child entering the shelter, needing a psychological assessment will receive one through local partner Peace River Center for	# of women and children needing mental health assessment will receive it 100% of the time. This will be measured by Case Manager and

	Mental Health.	put in progress notes of the file.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Each woman and child will be assessed to find out educational needs and will be referred to local schools and colleges as needed.	100% of the clients who need education will receive it. Monitored by Case manager and in the file.
<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.)	100% of the clients coming to us from probation and court systems will be evaluated as to their needs and will receive counseling and/or drug counseling 100% of the time. In our shelter, we will keep women and children safe from harm.	This will be monitored by counselors and progress notes will be put in client's files for the offenders. For the shelter, we will not publicize where the home is located, all doors are locked and windows locked, with easy access from inside for emergency. Private #. ADT for windows, doors.
<input checked="" type="checkbox"/> Improve transportation conditions	Each client going into the DV shelter or complex will receive transportation to and from work, school, and appts as needed. 100% of the time.	Transportation logs will be kept daily as to where the clients are going. Transportation can be provided by counselors, case managers, and house mother.
<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	Each client will be assessed for their needs in the areas of work skills,	Case manager or counselors will complete the assessment of needs

	need for education and history of homelessness to determine needs for budgeting, vocational skills training, further education to gain more success in the community 100% of the time.	and refer to our vocational skills program, budgeting, and educational facilities in the community. When they are ready, they will be referred to local OneSource Heartland to apply and gain employment.
<input checked="" type="checkbox"/> Reduce recidivism	AOFM Inc. works with offenders to come to terms with their past, present and future to reduce domestic violence through our program. We have had much success. Each offender will be presented with group counseling and individual as needed by trained counselors.	Counselors will keep track of who attends and participates in the group and send information to courts and probation as needed.
<input checked="" type="checkbox"/> Reduce substance abuse	AOFM, Inc. counseling has two programs that address substance abuse. One is individual counseling or couples counseling with SA issues. We provide drug testing and send information to their case managers, court, probation officers as needed.	Counselors and Case Manager will keep track of attendance and participation and write monthly notes as required.
<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:	155,500	50.0%	N/A
2. Federal:	50,000	16.1%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	2,500	0.8%	Yes
5. Other:	103,000	33.1%	Yes
TOTAL	311,000	100%	

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

No