

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami-Dade County Anti-Violence Initiative (AVI)

2. Date of Submission: 11/15/2019

3. House Member Sponsor: Dotie Joseph

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	Column: B	Column: C	Column: D	Column: E	Column: 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:					2,000,000	2,000,000

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 Law Enforcement

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.

As per Florida Statute associated with contract deliverables.

6. Requester:

- a. Name: Morris Copeland
- b. Organization: Miami-Dade County Juvenile Services Department
- c. Email: MorrisC@miamidade.gov
- d. Phone #: (305)755-6202

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

- a. Name: Morris Copeland
- b. Organization: Miami-Dade County Juvenile Services Department
- c. Email: MorrisC@miamidade.gov
- d. Phone #: (305)755-6202

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

- a. Name: Jess McCarty
- b. Firm: Miami-Dade County Attorney's Office
- c. Email: Jess.McCarty@miamidade.gov
- d. Phone #: (305)979-7110

9. Organization or Name of entity receiving funds:

- a. Name: Miami-Dade County
- 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?

To reduce gang/group related violence in targeted neighborhoods in Miami-Dade County, Florida. The Anti-Violence Initiative was created to establish a partnership between Criminal Justice officials and Community-based Partners to engage targeted groups and individuals and provide support services to reduce violence. The funds requested are designated to have a direct impact in reducing violence and homicides.

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	Provides direction and oversight and management to the project and project staff.	150,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Fringes	42,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office equipment, supplies, insurance, travel, accounting, media, and other.	173,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	31 Full Time employees: (4) program supervisors, (1) site coordinator, (11) interrupters, (8) case managers, (2) social workers, (4) clerical, (1) lead clergy, and on-call clergy, as needed.	1,000,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Media, rent, utilities, participant's food, communication expenses, office supplies and equipment. Such as:	280,000

	laptops, cell phones, etc.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	John Jay College, National Network, Fiscal Management, Grant Compliance, Curfew Reinforcement Campaign, School Students Coalitions, and others.	355,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,000,000

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:

Miami Dade County Resolution R-223-19

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?

The program targets adult and juvenile offenders or high risk individuals with documented potential to be victims or perpetrators of violence. Additionally, providing support to the general public in those communities most traumatized by violence by bringing needed services directly to the homes. Best practice process, "Walking One Stops" is a collaboration with local service providers, with clergy driven support services with established safe havens for children and families.

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

Prevention, Intervention, Suppression, and Re-entry services.

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	Individuals identified through the Anti-Violence Initiative will receive assessment, referral, and follow up services to address mental health needs.	A Pre and Post instrument will be administered to determine progress and outcomes.
<input type="checkbox"/> Enrich cultural experience		
<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.)	Identify most at-risk and address service needs to reduce violence.	A reduction of violence and homicides.
<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	Participants will receive appropriate services and supervision to ensure either successful reintegration into the community and or achieve rehabilitation.	Review data and generate recidivism reports.
<input checked="" type="checkbox"/> Reduce substance abuse	Individuals identified through the Anti-Violence Initiative will receive assessment, referral, and follow up services, as needed.	Percentage of successful completion.
<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:	2,000,000	50.0%	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:	2,000,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	4,000,000	100%	

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

No