

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hope Street Diversion Program
2. Date of Submission: 11/15/2019
3. House Member Sponsor: James Grant
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? 2019-20
- 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:		200,000	200,000		500,000	500,000

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 Juvenile Justice
 - 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.
Repayment of funds.

6. Requester:

- a. Name: Jerry T. Haag, Ph.D., CFP, CEO
- b. Organization: One More Child, Inc.
- c. Email: Jerry.Haag@onemorechild.org
- d. Phone #: (863)687-8811

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

- a. Name: Pam Whitaker, Ed.D., LMHC
- b. Organization: One More Child, Inc.
- c. Email: pam.whitaker@onemorechild.org
- d. Phone #: (863)687-8811

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

- a. Name: Jon Johnson
- b. Firm: Johnson & Blanton
- c. Email: jon@teamjb.com
- d. Phone #: (850)224-1900

9. Organization or Name of entity receiving funds:

- a. Name: One More Child, Inc.
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough

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?

Expansion of the Diversion program will increase capacity for participants as well as provide a community hub to increase preventive services for at-risk youth and to mitigate negative impacts to the family unit such as parenting classes, parent cafes, family counseling, tutoring, opportunities for vocational /job skills, as well as positive family events and out of school activities.

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 and benefits for one Executive Director	44,530
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Expenses, equipment, supplies, travel	12,490
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries and benefits for direct care staff	105,129
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Expenses, travel, supplies for preventive services and other related services for the program	337,851
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		500,000
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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:

Tampa City Council approved rezoning of property for this project. Received letters of support from Hillsborough County School system, City of Tampa Police Department, and many community leaders.

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?

Provide food, clothing and diapers to families in need. Provide family support services, like parenting classes, financial counseling, vocational training and more to bring families to independence. Support a weekend backpack program for local schoolchildren so they will have food for the weekends.

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

Provide food, clothing and diapers to families in need. Provide family support services, like parenting classes, financial counseling, vocational training and more to bring families to independence. Support a weekend backpack program for local schoolchildren so they will have food for the weekends.

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): Juvenile Diversion Participants and their families/caregivers

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 type="checkbox"/> Improve mental health		
<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 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 checked="" type="checkbox"/> Create specific immediate job opportunities	Participants of the program and their families will be exposed to job opportunities, vocational skills and educational needs.	Individualized service planning goals as evidenced by progress of activity.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	No new law violations while enrolled in the program and post three months of discharge.	Tracking via DJJ and Law Enforcement reports and documented internally via database.
<input type="checkbox"/> Reduce substance abuse		

<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	90% of the participants will complete the program.	Tracked via internal documentation of individualized service plans.
<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 checked="" type="checkbox"/> Other (Please describe): Family Participation	75% of the families/caregivers will participant in the program.	Tracking via internal documentation via service planning.

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:	500,000	16.4%	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:	2,550,000	83.6%	Yes
TOTAL	3,050,000	100%	

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

No