

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Take My Life Back WORx® Pilot Program

2. Date of Submission: 11/15/2019

3. House Member Sponsor: James Buchanan

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	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:					505,000	505,000

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.

Penalties include the repayment of funds misused, misdirected, or unethically allocated.

6. Requester:

- a. Name: Jamie Carver
- b. Organization: Take My Life Back, Inc.
- c. Email: jamiecarver@TakeMyLifeBack.org
- d. Phone #: (941)228-6272

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

- a. Name: Jamie Carver
- b. Organization: Take My Life Back, Inc.
- c. Email: jamiecarver@TakeMyLifeBack.org
- d. Phone #: (941)228-6272

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: Take My Life Back, Inc.
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Manatee, Sarasota

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 provide effective vocational training for men and women in active recovery from addiction. Training and support is specifically designed to address the particular behavioral health barriers to successful and sustainable employment typically found in people recovering from substance abuse. Up to twenty (20) clients will participate in the program every four (4) months for one (1) year. Therefore, funds will serve approximately 60 participants.

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	1 CEO = \$100,000.00 2 COO, Vocational Program Director = \$80,000.00	180,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	1. Vocational Training Staff (1)= \$55,000.00 2. Vocational Rehabilitation Counselor= \$54,000.00 3. Administrative Support Specialist= \$36,500.00	145,500
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Desktop PC. 20 iPads w/durable screen protection. Lockable tablet charging station. Copier/MFD. Screen/projector. Classroom furniture (desks, chairs, tables, etc.). Consumable office/classroom	179,500

	supplies. Vocational training software. Shop rent. Shop utilities. Utility van. Pick-up truck. Trailer (enclosed). Trailer (equipment). Vehicle ins. Fuel. General liability ins. Workers comp. Shop supplies (trade & other). Construction tools.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		505,000

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:

1. Sally Dionne, District Director for Congressman Vern Buchanan: Meeting 2/7/19. Sally said she would attach a Congressional letter of support. (941)951-6643

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?

(1) Administration of vocational training: Construction Industry specific, (2) Vocational Rehabilitation Counseling, to consist of monitoring compliance of the clients at their recovery programs, supporting in an active way the clients during training, including facilitating group meetings and other on-site social skill education and intervention, and following and assisting clients in their private sector placement for [two] years after placement, using evidence based methods to accomplish these

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

(1) Administration vocational training: Construction Industry specific (2) Vocational Rehabilitation Counseling, to consist of monitoring compliance of the clients at their recovery programs, supporting in an active way the clients during training, including facilitating group meetings and other on-site social skill education and intervention, and following and assisting clients in their private sector placement for [two] years after placement, using evidence based methods

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 type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	1. Client will be required to demonstrate competency in learned skill set/trade 2. Client will learn social skills needed to apply to, interview for, perform in, and secure employment 3. Client will earn gainful employment	1. Data tracking of employment history for those completing pilot program 2. Implement competency assessment
<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.)	1. Decrease in recidivism 2. Increase in employment	1. Analysis of recidivism among participants
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	1. Employment 2. Sustained Employment	1. Focus group survey 2. Continued follow up with employer 3. Continued follow up with client and those who have completed the program 4. Data collection, statistical analysis and reporting
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	1. Client becomes employable in trade industry 2. Client gains employment 3. Client is sustains employment	1. Focus group survey 2. Continued follow up with employer 3. Continued follow up with client and those who have completed the program 4. Data collection, statistical analysis and reporting
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	1. Employment 2. Ability to pay debt, living expenses, restitution, child-support, etc. 3. Increase employment among historically challenged population	1. Focus group survey 2. Continued follow up with employer 3. Continued follow up with client and those who have completed the program 4. Data collection, statistical analysis and reporting 5. Develop metric
<input checked="" type="checkbox"/> Reduce recidivism	1. Those trained in pilot program are less likely to encounter recidivism	1. Focus group survey of participants (past and present) 2. Continued follow up with client and those who have completed the program 3. Data collection, statistical analysis and reporting 4. Develop metric

<input checked="" type="checkbox"/> Reduce substance abuse	1. Those who complete pilot program are less likely to encounter recidivism 2. Those who are more educated, trained in a vocational skill, and gainfully employed have a greater chance at long-term sobriety.	1. Focus group survey of past participants 2. Continued follow up with client and those who have completed the program 3. Data collection, statistical analysis and reporting 4. Drug screening
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	1. Those who are more educated, trained in a vocational skill, and gainfully employed have a greater chance at long-term sobriety.	1. Focus group survey of past participants 2. Continued follow up with client and those who have completed the program 3. Data collection, statistical analysis and reporting 4. Drug screening
<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:	505,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	505,000	100%	

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

No