

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: University Area Community Development - STEPS for Success Program Expansion
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Lawrence McClure
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>	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:					250,000	250,000

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? 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.
DCF provides monitoring and sanctions under-performing programs, which includes the withholding of funds.

6. Requester:

- a. Name: Sarah Combs
- b. Organization: University Area Community Development Corporation, Inc.
- c. Email: scombs@uacdc.org
- d. Phone #: (813)558-5212

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

- a. Name: Sarah Combs
- b. Organization: University Area Community Development Corporation, Inc.
- c. Email: scombs@uacdc.org
- d. Phone #: (813)558-5212

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

- a. Name: Jose Diaz
- b. Firm: Robert Levy & Associates
- c. Email: jdiazj@aol.com (850)294-7583
- d. Phone #: (850)294-7583

9. Organization or Name of entity receiving funds:

- a. Name: University Area Community Development Corporation, 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?

Funds will pilot the expansion of the STEPS for Success program throughout West Central Florida to serve 40 additional families/140 individuals, in addition to the current 84 families/294 individuals, through the expansion in Plant City for the general population. STEPS is a self-sustainability program that serves families in Hillsborough County, and it saves the County \$30,000 per family served.

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	Executive Director salary and benefits	12,500
<input checked="" type="checkbox"/> b. Other Salary and Benefits	The agency COO, CFO, accounting, HR and contracts administrator	17,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Funds for expenses, equipment, travel and supplies will be used to support programming by providing compliance management, training, technical assistance, monitoring, and evaluation services to two satellite locations in Hillsborough County.	29,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Full-time program staff	132,900
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Program related expenses	35,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Expenses related to contracts held with partner sites and a consultant	23,600

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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:

STEPS for Success has the support to serve the families throughout Plant City through the following partnerships: Hispanic Service Council; Hillsborough County Public School Migrant Education Program and Hillsborough County Plant City Resource Center.

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:

Hillsborough County Health and Social Services Assessments (employment, transportation, training, family stabilization); Migrant Education Services(employment and families); Suburban Stats.Org (general demographic regarding poverty levels, households, etc.)Hillsborough Public Schools(education) Hispanic Services Council; (community indicators) Children's Board of Hillsborough (County Systems of Care) Florida Department of Health(Health Assessments)

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?

Program components: (1) participants are administered strength based motivational assessments (2) participants create their Individualized Goal Plan, a document that identifies barriers and gaps and articulates a set of individualized goals to promote self-sufficiency and sustainability as well as specific strategies for addressing barriers and gaps identified in the assessment process that could prevent success (3) participants are help to developing and maintaining Circles of Support to mobili

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

Remove barriers that would impede self-sufficiency, and/or family stabilization, by providing targeted wraparound services that includes but not limited to: employment, safe and affordable housing, adult and child education, safety and childcare, family dynamics, behavioral health, transportation, budgeted/finance, medical and physical health, legal, cultural supports. In addition STEPS Staff educates and connects participants to obtain the support of multi-services within their community.

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	70% of STEPS participants who participate in the program for a minimum of 12 months, are better off since their participation in the program as evidenced by improvements in reported health, family dynamics and stress indicators measured on the Arizona Self Sufficiency Matrix.	Arizona Self Sufficiency Matrix
<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 type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	50% increase in household income (retention/career advancement); 70% attainment/maintenance of safe and affordable housing; 40% reduction of reliance on government assistant programs; 70% homelessness prevented; crisis mitigation <30 days; initial crisis stabilization <90 days; 70% of graduates earn income above the Federal Poverty Guideline; 40% individuals increase bank/assets; program costs the State \$6K with wraparound and saves the State \$30k for each homeless case w/o wraparound services	Arizona Self-Sufficiency Matrix Income Assessment (Result Oriented Management Accountability) Satisfaction surveys Data obtained from domains and indicators Case Notes Evaluation Data Management and Matrix Evaluation Logic Model
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<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:	250,000	33.3%	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:	500,000	66.7%	Yes
5. Other:	0	0.0%	No
TOTAL	750,000	100%	

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