Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: YMCA of Central Florida - After School Programs

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Jason Brodeur

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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			(Reque	Develop New Funds Request for FY 2018-19 sts for additional RECURRING funds a	re prohibited.)
Column:	Α	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					800,000	800,000

- 5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2018-19? 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 Education
 - 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.

Penalties for not meeting measures are all financial in nature and determined yearly by the Program Specialist assigned.

6. Requester: a. Name: Kim Strong b. Organization: YMCA of Central Florida c. Email: kstrong@cfymca.org d. Phone #: (407)619-1711
 7. Contact for questions about specific technical or financial details about the project: a. Name: <u>Kisha Queeley</u> b. Organization: <u>YMCA of Central Florida</u> c. Email: <u>kqueely@cfymca.org</u> d. Phone #: <u>(407)896-9220</u>
 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: YMCA of Central Florida b. County (County where funds are to be expended): Osceola c. Service Area (Counties being served by the service(s) provided with funding): Osceola
 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?

The YMCA of Central Florida wishes to expand our proven model of after school programming in 7 Osceola County schools. On average, the YMCA of Central Florida After School Programs (24 sites across Orange, Lake, and Osceola) serve more than 2,800 students daily. The program will provide academic support along with choice-based club offerings in an effort to improve school-day attendance and GPA?s while decreasing juvenile crime.

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:		
☑a. Executive Director/Project Head Salary and Benefits	Oversees entire program	15,414
☑b. Other Salary and Benefits	(1) Program Director and (1) Business Manager (Records & Data)	38,832
☑c. Expense/Equipment/Travel/Supplies/Other	ED/PD quality travel visits, overall Sr. Level Management Support, Liability Insurance, Tech Support	85,872
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	(14) Co-Coordinators (Run Program Daily at Each School) - (70) Teachers/Co-Teachers (Run Club Options Each Day)	440,581
☑f. Expenses/Equipment/Travel/Supplies/Other	Computers and scanners needed to check students in daily, 2-way communication radios, and Program Supplies/Curriculum	34,229
☑g. Consultants/Contracted Services/Study	External Data Evaluation and Bus	185,072

	Transportation Home for Students.	
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		800,000

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)

<u>N/A</u>

14. Is the project request an information technology project?

<u>No</u>

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?

<u>Yes</u>

15a. Please Describe:

The YMCA of Central Florida has support from the leadership team at Osceola County Public Schools, as well as the current Principals at Horizon, Neptune, St. Cloud, Westside K8, Denn John, Discovery Intermediate, and Parkway Middle Schools.

- 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:

An external evaluator was used to document our successes in the areas of GPA, School Day Attendance, and Juvenile Justice Statistics for the 2015/16 and 2016/17 school years.

17. Will the requested funds be used directly for services to citizens?

<u>Yes</u>

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Academic support areas are offered in different formats including: (a) web-based curriculum, (b) student-led support groups (with teacher monitoring), and (c) group tutoring on an ?as-needed? basis. Each After School Program block embeds within its activities five content

areas: (1) Health and Wellness (including activities such as basketball, soccer, volleyball and track), (2) STEM (which stands for Science/Technology/Engineering/Math

'b. Describe the direct services to be provided to the citizens by the funding requested.	
After School Programs, on campus, at (7) Osceola County Middle School sites.	
c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or group	os.")
elect 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)	
d. How many in the target population are expected to be served?	
O< 25	
O25-50	
O51-100	
O101-200	
O201-400	
9401-800	

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
☑Improve physical health	60 mins of physical activity during Summer Camp on top of any Health/Wellness activities offered throughout the school year.	Minutes tracking
☑Improve mental health	Through physical activity and positive relationship building	N/A
☑Enrich cultural experience	Through service to schools with diverse and inclusive populations.	N/A
□Improve agricultural production/promotion/education		
☑Improve quality of education	80% of students will earn a 2.0 or higher, or show improvement throughout year.	GPA Tracking
□Enhance/preserve/improve environmental or fish and wildlife quality		
☑Protect the general public from harm (environmental, criminal, etc.)	80% of students will not have initial or repeat involvement with the DJJ.	DJJ Tracking
□Improve transportation conditions		
☑Increase or improve economic activity	Increased income for teachers/school staff who work for the YMCA of Central Florida.	Hourly wages
□Increase tourism		
☑Create specific immediate job opportunities	Teachers/school staff are hired	Roughly 10-12 Positions at Each

	through the YMCA of Central Florida, part-time.	School
☑Enhance specific individual?s economic self sufficiency	Increased income for teachers/school staff who work for the YMCA of Central Florida.	Hourly wages
☑Reduce recidivism	80% of students will not have initial or repeat involvement with the DJJ.	DJJ Tracking
☑Reduce substance abuse	80% of students will not have initial or repeat involvement with the DJJ.	DJJ Tracking
☑Divert from Criminal/Juvenile justice system	80% of students will not have initial or repeat involvement with the DJJ.	DJJ
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
□Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 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?
Amount Requested from the State in this Appropriations Project Request:	800,000	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	800,000	100%	

20.	Is this a multi-year project requiring funding from the state for more than one year?
	<u>Yes</u>

20a. How much state funding would be requested after 2018-19 over the next 5 years?

O<1M

O1-3M

⊙>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

O1 year

O2 years

O3 years

O4 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

O<1M

O1-3M

O>3-10M

O>10M