

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2022-23
For projects meeting the definition of House Rule 5.14

1. Title of Project: Florida Sheriffs Youth Ranch Training & Resource Center - Safety Harbor Campus
2. Date of Submission: 11/08/2021
3. House Member Sponsor: Chris Latvala

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? No
- 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 2021-22 <i>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2022-23 <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	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts:					500,000	500,000

e. Provide the total cost of the project for FY 2022-23 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	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

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5. Other	0	0.0%	No
TOTAL	500,000	100%	

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

No

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Children and Families

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

UNSPENT FUNDS WILL PROMPTLY BE RETURNED TO THE STATE.

7. Requester:

a. Name: MARIA KNAPP

b. Organization: FLORIDA SHERIFFS YOUTH RANCH

c. Email: MKNAPP@YOUTHRANCHES.ORG

d. Phone #: (386)364-9149

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

a. Name: MARIA KNAPP

b. Organization: FLORIDA SHERIFFS YOUTH RANCH

c. Email: MKNAPP@YOUTHRANCHES.ORG

d. Phone #: (386)364-9149

9. Registered lobbyist working to secure funding for this project.

a. Name: None

b. Firm: None

c. Email:

d. Phone #:

10. Organization or Name of entity receiving funds:

a. Name: FLORIDA SHERIFFS YOUTH RANCHES

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b. County (County where funds are to be expended): Pinellas

c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough, Pasco, Pinellas

11. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

12. What is the specific purpose or goal that will be achieved by the funds being requested?

RETROFIT AN EXISTING ACTIVITY CENTER INTO A TRAINING CENTER FOR FAITH-BASED FOSTER CARE CLASSES, CERTIFICATION, TRAINING, PARENT CLASSES FOR FAMILY RE-UNIFICATION, FL FOSTER SYSTEM PREVENTION CLASSES FOR PARENTS & AT RISK CHILD(REN), TBRI TRAUMA TRAINING, FOSTER PARENTS TRAINING CLASSES, RESOURCE CENTER FOR FOSTER SUPPORT, MEAL PREPARATION FOR TRAINING CENTER EVENTS & FOSTER FAMILIES, TEACHING TRADE & LIFE SKILLS TO AT-RISK CHILDREN BEFORE AGING OUT OF FOSTER CARE, VOLUNTEER RECRUIT TRAINING.

13. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Amount Requested (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<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:		

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<input checked="" type="checkbox"/> e. Salaries and Benefits	2 EMPLOYEES: TBRI TRAUMA TRAINER (ADDITIONAL TRAINER) TRAINING/CLASS SCHEDULER, VOLUNTEER/CHURCH COORDINATOR & FOSTER PARENT RECRUITER	60,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	FUNDS FOR CLASSROOM TRAININGS & CERTIFYING MATERIALS, PREVENTION & RESOURCES MATERIALS. VOLUNTEER & FOSTER PARENTS RECRUITMENT FROM AREA CHURCHES & COMMUNITY OUTREACH SUPPLIES & EXPENSES	25,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	MAIN TRAINING ROOM, CLASSROOMS & KITCHEN RENOVATION/UPDATING, ELECTRICAL UPGRADES, LED LIGHTING, SECURITY SYSTEM, A/C UNIT, ROOF REPLACEMENT, CLASSROOMS EQUIPMENT, ICE MACHINE, WINDOW COVERINGS, GENERATOR FOR HURRICANE SHELTERING, SIGNAGE	415,000
TOTAL		500,000

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14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?
- 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)
15. Is the project request an information technology project?
- No
16. 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?
- No
17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?
- No
18. Will the requested funds be used directly for services to citizens?
- Yes
- a. What are the activities and services that will be provided to meet the purpose of the funds?
- PARENT CLASSES THAT WORK TOWARDS FAMILY RE-UNIFICATION, FOSTER PREVENTION CLASSES FOR PARENTS & CHILD(REN), TBRI TRAUMA TRAINING, FOSTER PARENTS TRAINING CLASSES, RESOURCE CENTER FOR FOSTER SUPPORT & 'AT-RISK' YOUTH, MEAL PREPARATION FOR TRAINING CENTER EVENTS & FOSTER FAMILIES, TRADE & LIFE SKILLS TO FOSTER CHILDREN BEFORE AGING OUT OF FOSTER CARE, VOLUNTEER/CHURCH FOSTER TRAINING & RECRUIT.
- b. Describe the direct services to be provided to the citizens by the funding requested.
- PARENT CLASSES THAT WORK TOWARDS FAMILY RE-UNIFICATION, FOSTER PREVENTION CLASSES FOR PARENTS & CHILD(REN), TBRI TRAUMA TRAINING, FOSTER PARENTS TRAINING CLASSES, RESOURCE CENTER FOR FOSTER SUPPORT & 'AT-RISK' YOUTH, MEAL PREPARATION FOR TRAINING CENTER EVENTS & FOSTER FAMILIES, TRADE & LIFE SKILLS TO FOSTER CHILDREN BEFORE AGING OUT OF FOSTER CARE, VOLUNTEER/CHURCH FOSTER TRAINING & RECRUIT.

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c. 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): CHILDREN & FAMILIES IN THE CHILD WELFARE SYSTEM

d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

19. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

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Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
<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 type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	95% OF CHILDREN SERVED BY THE PROGRAM WILL NOT ENTER THE JUVENILE JUSTICE SYSTEM.	LONGITUDINAL STUDY COMPLETED BY THE ORGANIZATION.

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<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):		