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# Justice Appropriations Subcommittee

Wednesday, January 17, 2018  
12:30 PM – 3:30 PM  
Morris Hall (17 HOB)

Meeting Packet

Richard Corcoran  
Speaker

Bill Hager  
Chair



# The Florida House of Representatives

## Appropriations Committee

### Justice Appropriations Subcommittee

Richard Corcoran  
Speaker

Bill Hager  
Chair

#### AGENDA

Wednesday, January 17, 2018

12:30 – 3:30 p.m.

Morris Hall (17 HOB)

- I. Call to Order/Roll Call
- II. Opening Remarks and Introductions
- III. Consideration of the following bill(s):
  - HB 2665 Martin County Sheriff's Office Crisis Response Unit by Harrell
  - HB 2889 Enhancing Critical incident Response Capability in West Palm Beach by Roth
  - HB 3067 Clay County Youth Alternative to Secured Detention (S.W.E.A.T. Program) by Cummings
  - HB 3211 Nancy J. Cotterman Center, State Attorney Liaison Project by Perez
  - HB 3545 Jacksonville Sheriff's Office for Community Oriented Policing Services by Daniels
  - HB 3547 Wayman Community Development At-Risk Services Program by Daniels
  - HB 3567 Joint Agency In-Water Strike Force (JAWS) at FSU by Trumbull
  - HB 3631 Prodigy Cultural Arts Program by Harrison, Burgess, Cortes, J., Mariano, Peters and Smith
  - HB 3633 City of West Park Youth Crime Prevention Program by Jones
  - HB 3675 Davis-Bradley Mental Health Overlay by Peters
  - HB 3691 St. Thomas University Human Trafficking Academy by Stafford
  - HB 3889 Riviera Beach Summer Youth Employment Program by Jacquet
  - HB 4139 Delores Barr Weaver Policy Center - Girl Matters: Continuity of Care Program by Byrd
  - HB 4203 Lake County Veteran's Treatment Court by Sullivan
  - HB 4319 The Dan Marino Foundation - Juvenile Reentry Virtual Interviewing Pilot Program by Ingram

- **HB 4335 Re-Entry Alliance Pensacola, Inc. by Ingram**
- **HB 4553 Walton County Drug Court by Drake**
- **HB 4589 AMKids Apprenticeship and Job Placement Program by Payne**
- **HB 4591 AMIkids Credit Recovery Program by Payne**
- **HB 4593 AMIkids Family Centric Programming by Payne**

**IV. Closing Remarks/Adjournment**



1                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           Back of the Bill - Martin County Sheriff's Office  
 4           Crisis Response Unit; providing an appropriation;  
 5           providing an effective date.

6  
 7 Be It Enacted by the Legislature of the State of Florida:

8  
 9           Section 1. Back of the Bill - Martin County Sheriff's  
 10 Office Crisis Response Unit is an Appropriations Project as  
 11 defined in The Rules of The Florida House of Representatives and  
 12 is described in Appropriations Project Request 598, herein  
 13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 15 of \$372,509 from the General Revenue Fund is appropriated to the  
 16 Department of Law Enforcement to fund the Back of the Bill -  
 17 Martin County Sheriff's Office Crisis Response Unit as described  
 18 in Appropriations Project Request 598.

19           Section 3. This act shall take effect July 1, 2018.

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

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1 Committee/Subcommittee hearing bill: Justice Appropriations  
2 Subcommittee  
3 Representative Harrell offered the following:

**Amendment (with title amendment)**

Remove everything after the enacting clause and insert:

7 Section 1. Martin County Sheriff's Office Crisis Response  
8 Unit is an Appropriations Project as defined in The Rules of The  
9 Florida House of Representatives and is described in  
10 Appropriations Project Request 598, herein incorporated by  
11 reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$372,509 from the General Revenue Fund is appropriated to the  
14 Department of Law Enforcement to fund the Martin County  
15 Sheriff's Office Crisis Response Unit as described  
16 in Appropriations Project Request 598.

Amendment No. 1

17 Section 3. This act shall take effect July 1, 2018.

18  
19 -----

20 **T I T L E A M E N D M E N T**

21 Remove everything before the enacting clause and insert:

22 A bill to be entitled

23 An act relating to the Appropriations Project titled  
24 Martin County Sheriff's Office Crisis Response Unit;  
25 providing an appropriation; providing an effective  
26 date.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Back of the Bill - Martin County Sheriff's Office Crisis Response Unit
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Gayle Harrell  
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? 2017-18
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:		372,509	372,509		372,509	372,509

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 Law Enforcement
  - 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.  
Return of funds to the State.



6. Requester:

- a. Name: William Snyder
- b. Organization: Martin County Sheriff's Office
- c. Email: wmsnyder@sheriff.martin.fl.us
- d. Phone #: (772)220-7024

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

- a. Name: Kevin Youngblood
- b. Organization: Martin County Sheriff's Office
- c. Email: kryoungblood@sheriff.martin.fl.us
- d. Phone #: (772)220-7139

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

- a. Name: Robert Schenck
- b. Firm: The Legis Group, LLC
- c. Email: rob@legisgroupfl.com
- d. Phone #: (352)585-7338

9. Organization or Name of entity receiving funds:

- a. Name: Martin County Sheriff's Office
- b. County (County where funds are to be expended): Martin
- c. Service Area (Counties being served by the service(s) provided with funding): Martin

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 MCSO Crisis Response Unit would be focused on addressing mental health and substance abuse related calls for service in the most effective manner possible, while providing an opportunity for early intervention, jail diversion and follow-up. CRU specialists comprised of Licensed Clinical Professionals will assist officers in assessing situations involving mental illness and substance abuse, which would lead to a much more effective utilization of community resources and continuity of care.

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 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:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	1 Supervisor, 4 Specialists	302,918
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Operating expenses & equipment	69,591
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		372,509

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)

N/A

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?

No

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?

Master's Degree Level clinical professionals licensed in mental illness and substance abuse intervention, to assist officers and assess situations involving mental illness and substance abuse.

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

Crisis Response Unit Program (CRU) would focus on addressing mental health and substance abuse related calls for service in the most effective manner possible, while providing an opportunity for early intervention, jail diversion and follow-up.

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	Reduce mental health and or substance abuse related calls for service and emergency admissions to crisis stabilization units, hospital or jail facilities.	Review of calls for services and emergency related admissions or incarcerations.
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	To stabilize and divert individuals with mental health and substance abuse issues.	Thru follow up we can monitor the individuals progress and stabilization.
<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 checked="" type="checkbox"/> Reduce recidivism	To stabilize and divert individuals with mental health and substance abuse issues.	Review of calls for service and follow up and development of treatment plans
<input checked="" type="checkbox"/> Reduce substance abuse	To stabilize and divert individuals with mental health and substance abuse issues.	Review of calls for service and follow up and development of treatment plans
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	To stabilize and divert individuals with mental health and substance abuse issues.	Review of calls for service and follow up and development of treatment 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 type="checkbox"/> Other (Please describe):		
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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?
1. Amount Requested from the State in this Appropriations Project Request:	372,509	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
<b>TOTAL</b>	<b>372,509</b>	<b>100%</b>	

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 2018-19 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

O<1M

O1-3M

O>3-10M

O>10M





1                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           Enhancing Critical incident Response Capability in  
 4           West Palm Beach; providing an appropriation; providing  
 5           an effective date.

6  
 7   Be It Enacted by the Legislature of the State of Florida:

8  
 9           Section 1. Enhancing Critical incident Response Capability  
 10 in West Palm Beach is an Appropriations Project as defined in  
 11 The Rules of The Florida House of Representatives and is  
 12 described in Appropriations Project Request 273, herein  
 13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 15 of \$525,000 from the General Revenue Fund is appropriated to the  
 16 Department of Law Enforcement to fund the Enhancing Critical  
 17 incident Response Capability in West Palm Beach as described in  
 18 Appropriations Project Request 273.

19           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Enhancing Critical Incident Response Capability in West Palm Beach
2. Date of Submission: 11/07/2017
3. House Member Sponsor: Rick Roth  
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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:					525,000	525,000

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 Law Enforcement
  - 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.  
N/A

6. Requester:

- a. Name: Mayor Jeri Muoio
- b. Organization: Cityof West Palm Beach
- c. Email: jmuoio@wpb.org
- d. Phone #: (561)822-1400

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

- a. Name: Chief Diana Matty
- b. Organization: West Palm Bech Fire Rescue Department
- c. Email: dmatty@wpb.org
- d. Phone #: (561)822-2220

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

- a. Name: Kimberly Case
- b. Firm: Holland & Knight:Gray-Robinson
- c. Email: kimberly.case@hklaw.com
- d. Phone #: (850)425-5603

9. Organization or Name of entity receiving funds:

- a. Name: City of West Palm Beach
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Palm Beach

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 ensure the safety of nearly four million residents, visitors, and workers in West Palm Beach, first responders will be provided critical equipment to swiftly and effectively respond to critical incidents, or mass casualty events.

The requested equipment will enhance effectiveness of Police and Fire Rescue response, allow for rapid resolution of incidents, improve protection of citizens along the Waterfront and minimize delays in treating injured parties affected by a major incident.

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 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:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	The flowing assents will be purchased. he following assets will be purchased. Each item will be cost shared by the City (and, in the case of the Patrol Boat, USDOJ as well) - see cost share information in the next question. - Mass Casualty Response Truck (\$310,000 total cost) - Mass Casualty Response Unit Supplies (\$ 80,000 total cost): for example, backboards, stretchers, IV fluids,	525,000

	lights, etc. - Patrol Boat (\$189,970 total cost) - Incident Command Vehicle (\$532,000 total cost)	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		525,000

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)

N/A

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:

This proposal has the support of multiple project partners including the Marine Industries Association of Palm Beach County, the Town of Palm Beach, Sheriff Ric Bradshaw, Palm Beach County, and Florida Crystals. The City has committed to sharing the cost of this project, as evidenced by the Mayoral letter attached.

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?

No

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
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<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Enhanced safety of West Palm Beach residents and visitors as evidenced by response time and minimized casualties for major incidents.	Number of incidents utilizing emergency equipment (via after action reports) - Response time to major incidents with vehicles - # of incident injuries or casualties - # of coordinated calls to incidents
<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 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 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?
1. Amount Requested from the State in this Appropriations Project Request:	525,000	47.3%	N/A
2. Federal:	59,970	5.4%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	525,000	47.3%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,109,970</b>	<b>100%</b>	

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

No





1                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           Clay County Youth Alternative to Secured Detention  
 4           (S.W.E.A.T. Program); providing an appropriation;  
 5           providing an effective date.

6  
 7 Be It Enacted by the Legislature of the State of Florida:

8  
 9           Section 1. Clay County Youth Alternative to Secured  
 10 Detention (S.W.E.A.T. Program) is an Appropriations Project as  
 11 defined in The Rules of The Florida House of Representatives and  
 12 is described in Appropriations Project Request 1213, herein  
 13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 15 of \$250,000 from the General Revenue Fund is appropriated to the  
 16 Department of Juvenile Justice to fund the Clay County Youth  
 17 Alternative to Secured Detention (S.W.E.A.T. Program) as  
 18 described in Appropriations Project Request 1213.

19           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Clay County Youth Alternative to Secured Detention (S.W.E.A.T. Program)
2. Date of Submission: 11/14/2017
3. House Member Sponsor: W. Cummings  
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? 2017-18
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:		250,000	250,000		250,000	250,000

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 Juvenile Justice
  - 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.  
Reject deliverables and reports as incomplete, inadequate, or unacceptable.

6. Requester:

- a. Name: Karen Thomas
- b. Organization: Clay County Board of County Commissioners
- c. Email: karen.thomas@claycountygov.com
- d. Phone #: (904)278-3735

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

- a. Name: Karen Thomas
- b. Organization: Clay County Board of County Commissioners
- c. Email: karen.thomas@claycountygov.com
- d. Phone #: (904)278-3735

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

- a. Name: Joe Mobley
- b. Firm: The Fiorentino Group
- c. Email: jmobley@thefiorentinogroup.com
- d. Phone #: (904)866-3122

9. Organization or Name of entity receiving funds:

- a. Name: Clay County Board of Commissioners
- b. County (County where funds are to be expended): Clay
- c. Service Area (Counties being served by the service(s) provided with funding): Clay

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?

A youth intervention program that meets the targeted needs of Clay County Youth by providing effective diversion and intervention programs which includes redirection of youth through community service, mentoring and academic assistance to prevent juvenile delinquency. Program services will be provided to youth who are identified as at-risk of becoming involved in the juvenile justice system and are between the ages of six (6) to eighteen (18).

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 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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	The County will contract directly with a program director, a mentoring and tutoring service provider, and the Clay County Sheriff's office for administering community service.	250,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
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)

N/A

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:  
Letters of Support

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?

Clay County Youth Intervention program providing tutoring, mentoring and supervised community service for at-risk and probation youth.

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

This program is designed to provide a graduated system of community service hours, mentoring and tutoring for at-risk and probation youth, allowing youth to participate in worthwhile activities, but also allows for the youth who needs and/or deserves a more intense community service.

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	Improvement with self-esteem, life skills, character development, professional skills, peer-pressure, personal development, and leadership skills.	Assessment of behavior on an on-going basis, track progression of the participants and conduct a conclusion report on each participants to measure results and outcome.

<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Truancy prevention and academic achievement	Submitting monthly and quarterly reports regarding each juvenile and whether the truancy problem continued or improved and track academic progression.
<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.)	Behavior improvement through youth Intervention to avoid future criminal history and/or actions that could become dangerous to the general public.	Assessment of behavior on an on-going basis, track progression of the participants and conduct a conclusion report on each participants to measure results and outcome.
<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 checked="" type="checkbox"/> Reduce substance abuse	Identify the presence of substance abuse that may have contributed to behavioral issues and seeking proper treatment including but not limited to mentoring.	Through assessment of the participants assess behavior on an on-going basis, track progression of the participants, and conduct a conclusion report to measure results and outcome.

<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Redirection of youth through community service, mentoring and tutoring.	Track progression of each participant and conduct a conclusion report to measure results and track the number of participants that successfully complete the program.
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	250,000	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
<b>TOTAL</b>	<b>250,000</b>	<b>100%</b>	

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



No



1                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           Nancy J Cotterman Center, State Attorney Liaison  
 4           Project; providing an appropriation; providing an  
 5           effective date.

6  
 7 Be It Enacted by the Legislature of the State of Florida:

8  
 9           Section 1. Nancy J Cotterman Center, State Attorney  
 10 Liaison Project is an Appropriations Project as defined in The  
 11 Rules of The Florida House of Representatives and is described  
 12 in Appropriations Project Request 1211, herein incorporated by  
 13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 15 of \$250,000 from the General Revenue Fund is appropriated to the  
 16 State Court System to fund the Nancy J Cotterman Center, State  
 17 Attorney Liaison Project as described in Appropriations Project  
 18 Request 1211.

19           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Nancy J Cotterman Center, State Attorney Liaison Project
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Daniel Perez  
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? 2017-18
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column: A	B	C	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:		200,000	200,000		250,000	250,000

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? State Court System
  - 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.  
N/A

6. Requester:

- a. Name: Mandy Wells
- b. Organization: Broward County Human Services Department Community Partnerships Division
- c. Email: mwells@broward.org
- d. Phone #: (305)357-6398

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

- a. Name: Miriam Firpo-Jimenez
- b. Organization: Broward County Human Services Department Community Partnerships Division Nancy J. Cotterman Center
- c. Email: mfjimenez@broward.org
- d. Phone #: (954)357-5754

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: Broward County Human Services Department
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

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?

Program will secure 4 staff positions needed to ensure victims, family members, stakeholders and other community agencies with updates on current laws, regulations and victim assistance, along with training to SAO on issues related to physical and sexual abuse. Courtroom orientation and accompaniment will also be offered in addition to referrals to social service agencies, assistance and follow up on filing Florida Crime Victim Compensation claims. Increase the likelihood of successful prosecuti

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 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:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Full time behavioral health clinicians X3 (\$68,423.66 each)	205,271
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel/Training/Supplies	9,369
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted Temp Office Support Staff X1	35,360
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>250,000</b>

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)

N/A

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:

Supporters include, but are not limited to: The Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement, Broward Sheriff?s Office, local Law Enforcement, Office of the Attorney General, State Attorney?s Office, Family & Dependency Courts, School Board of Broward Co., the Guardian ad Litem Program, Lauren?s Kids Organization, Victim Advocates, and community

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:

In a 2007 study funded by the U.S. Department of Justice found there are a few common themes why victims of sexual violence do not report the crime:

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?

Funds will be used to provide direct services to Broward County victims, family members, stakeholders and other community agencies.

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

Direct services include: updates on current laws, regulations and victim assistance, along with community awareness and trainings to SAO on issues related to physical and sexual abuse. Courtroom orientation and accompaniment will also be offered in addition to referrals to social service agencies, assistance and follow up on filing Florida Crime Victim Compensation claims. Lastly, the program will serve to ensure the Assistant State Attorney is apprised and updated on any issues and challenges e

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 checked="" type="checkbox"/> Improve physical health	Community participants will be screened and assessed for physical injury due to victimization.	client self report.
<input checked="" type="checkbox"/> Improve mental health	Participants will be referred for trauma informed care psychotherapy.	Referrals to Broward County Community agencies.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Participants will be provided with information and brochures on physical, emotional and cognitive impact of victimization.	Satisfaction Surveys and number of informational brochures distributed.
<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.)	The program will complete 100 community awareness presentations on sexual violence and child abuse.	Roster of community participants.
<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	The program will hire four direct services positions (three full time clinicians and one contracted office support staff).	New hire documentation, Broward County, FL. Master Agreement documentation for contractual temporary positions.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Increase collaboration between victims, law enforcement	Number of participants supported throughout the reporting process.

	municipalities, and State Attorney's Office.	
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	250,000	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	250,000	50.0%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>500,000</b>	<b>100%</b>	

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 2018-19 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



1                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           Jacksonville Sheriff's Office for Community Oriented  
 4           Policing Services; providing an appropriation;  
 5           providing an effective date.

6  
 7 Be It Enacted by the Legislature of the State of Florida:

8  
 9           Section 1. Jacksonville Sheriff's Office for Community  
 10 Oriented Policing Services is an Appropriations Project as  
 11 defined in The Rules of The Florida House of Representatives and  
 12 is described in Appropriations Project Request 1212, herein  
 13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 15 of \$250,000 from the General Revenue Fund is appropriated to the  
 16 Department of Law Enforcement to fund the Jacksonville Sheriff's  
 17 Office for Community Oriented Policing Services as described in  
 18 Appropriations Project Request 1212.

19           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Jacksonville Sheriff's Office for Community Oriented Policing Services
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Kimberly Daniels  
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? 2017-18
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:		250,000	250,000		250,000	250,000

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 Law Enforcement
  - 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.  
The City has an obligation to fulfill the contract requirements, if the City breaches the terms of the contract it should be cancelled.

6. Requester:

- a. Name: Ali Korman
- b. Organization: Jacksonville
- c. Email: akshelton@coj.net
- d. Phone #: (904)718-4276

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

- a. Name: Ali Korman
- b. Organization: Jacksonville
- c. Email: akshelton@coj.net
- d. Phone #: (904)718-4276

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

- a. Name: Mat Forest
- b. Firm: Ballard Partners
- c. Email: Mat@ballardfl.com
- d. Phone #: (561)779-7003

9. Organization or Name of entity receiving funds:

- a. Name: City of Jacksonville
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Duval

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 goal of the project is to reduce firearm related violent crime and homicide. For the majority of the last 15 years, Duval County has retained the title of ?The Murder Capital of Florida.? Jacksonville had 96 homicides in 2014, 97 in 2015, 106 in 2016, and already over 100 for 2017. The four year project began with hiring, training, and deploying 15 new police officers. Since then, we have implemented a three-pronged, problem oriented policing approach.

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 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:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary and Benefits for 15 Police Officer positions	250,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
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)



N/A

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:

Jacksonville Sheriff's Office, Jacksonville Transportation Authority, Vestcor, several apartments/property managers.

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:

The Federal Office of Community Oriented Policing Services (COPS Office) reviewed our grant request and awarded funds, with a match requirement, for a three-year project. According to its website, the COPS Office is "responsible for advancing the practice of community policing by the nation's state, local, territorial, and tribal law enforcement agencies through information and grant resources."

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?

Funds will allow us to continue the three components of the program: The Blight/Nuisance Squad, Sheriff's Watch Apartments, and the Group Violence Intervention (GVI) Program.

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

The Blight/Nuisance Squad is designed to respond to the proven nexus between blight conditions and crime by addressing community concerns and environmental issues that facilitate criminal activity in the most violent areas in the city. Sheriff's Watch Apartments works with apartment communities to establish policies and practices that help foster a safe and secure environment. GVI was designed to address violent crime and group violence in our city with a major emphasis on murder and aggravated

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): The project will impact all of Jacksonville's citizens, some directly through community policing, so

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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	A reduction in firearm-related homicide and violent crime	An examination of the number of incidents longitudinally
<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 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 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?
1. Amount Requested from the State in this Appropriations Project Request:	250,000	15.0%	N/A
2. Federal:	198,000	11.8%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	1,224,000	73.2%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,672,000</b>	<b>100%</b>	

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

No



1                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           Wayman Community Development At-Risk Services Program;  
 4           providing an appropriation; providing an effective  
 5           date.

6  
 7 Be It Enacted by the Legislature of the State of Florida:

8  
 9           Section 1. Wayman Community Development At-Risk Services  
 10 Program is an Appropriations Project as defined in The Rules of  
 11 The Florida House of Representatives and is described in  
 12 Appropriations Project Request 1220, herein incorporated by  
 13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 15 of \$150,000 from the General Revenue Fund is appropriated to the  
 16 Department of Juvenile Justice to fund the Wayman Community  
 17 Development At-Risk Services Program as described in  
 18 Appropriations Project Request 1220.

19           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Wayman Community Development At-Risk Services Program
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Kimberly Daniels  
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? 2017-18
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:		150,000	150,000		150,000	150,000

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 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.

Removed from state agency vendors for at-risk youth services for two years, or until all promised deliverables/performance measures are attained.

6. Requester:

- a. Name: Mark Griffin
- b. Organization: Wayman Community Development Corporation
- c. Email: mgriffin@wayman.org
- d. Phone #: (904)693-1170

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

- a. Name: Mark Griffin
- b. Organization: Wayman Community Development Corporation
- c. Email: mgriffin@wayman.org
- d. Phone #: (904)693-1170

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

- a. Name: Phillip Singleton
- b. Firm: Singleton Consulting
- c. Email: phillip@phillipsingleton.com
- d. Phone #: (678)801-6283

9. Organization or Name of entity receiving funds:

- a. Name: Wayman Community Development At Risk Services Program
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Duval

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?

WCDC is requesting \$150,000 in state funding to continue expanding its services in Duval County by hiring additional full-time and part-time counselors to at-risk youth in the community. Funds from this program will be used to reduce criminal activities among at-risk youth in Duval County by serving the nearly 30,000 juveniles and children living within Eureka Gardens, West Jacksonville, Normandy Village, Ceder Hills and Murray Hill community.

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	These funds will be used as a portion of the Executive Director's salary and the full salary of the Program Manager who will direct efforts for Wayman Community Development At-Risk Youth Program	48,000
<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	These funds will be used to hire additional full-time and part-time Mental Health Counselors who will work directly with the Wayman Community Development At-Risk	93,000

	Services Program	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	These funds will be used to provide youth incentives, cover program expenses and providing recreational supplies.	9,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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)

N/A

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:

Wayman Community Development Corporation is supported by Duval County Sheriff Mike Williams, Millenia Housing Management (the owner of Eureka Gardens Apartments), and the Eureka Gardens Tenant Association.

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?

The funding will be used to provide a faith based life changing family services program to at-risk youth in the highest juvenile crime areas of Duval

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

Individual, group and family focused counseling; Crisis intervention counseling; Parent training; Community based mental health services; Substance Abuse Education; Prevention and Diversion Services; Social Skills Training; Vocational and Job Training Services; and Recreational Services.

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 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	By hiring additional full-time and part-time mental health counselors, WCDC will be able to effectively address and evaluate at-risk youth in high-crime areas of Duval County.	Mental Health Counselors will evaluate and report information to the Dept of Juvenile Justice as an effort to combat future crime from at-risk youth in Duval County.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		

<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	The Executive Director, Program Manager and Mental Health Counselors will focus on reducing and eliminating the use of illegal drugs by at-risk youth in Duval County.	Wayman Community Development staff will report and develop techniques with the Dept of Juvenile Justice to reduce substance abuse use by at-risk youth.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Wayman Community Development Corporation program will focus on reducing the number of children charged and entering the juvenile justice system by expanding services.	Working with the Duval County Sheriff's office, Dept of Juvenile Justice and other crime prevention organizations to implement diversion programs to at-risk youth.
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	150,000	54.5%	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:	125,000	45.5%	Yes
TOTAL	275,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?  
No



1                                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           Joint Agency In-Water Strike Force (JAWS) at FSU;  
 4           providing an appropriation; providing an effective  
 5           date.

6  
 7 Be It Enacted by the Legislature of the State of Florida:  
 8

9           Section 1. Joint Agency In-Water Strike Force (JAWS) at  
 10 FSU is an Appropriations Project as defined in The Rules of The  
 11 Florida House of Representatives and is described in  
 12 Appropriations Project Request 1123, herein incorporated by  
 13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 15 of \$650,274 from the General Revenue Fund is appropriated to the  
 16 Department of Law Enforcement to fund the Joint Agency In-Water  
 17 Strike Force (JAWS) at FSU as described in Appropriations  
 18 Project Request 1123.

19           Section 3. This act shall take effect July 1, 2018.



# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Joint Agency In-Water Strike Force (JAWS) at FSU
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Jay Trumbull  
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? 2017-18
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:		1,000,000	1,000,000		650,274	650,274

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 Law Enforcement
  - 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.

Payments will be reduced by 2% for any invoice period in which UCSI staff was not available or on call, or the Department receives notification by a local law enforcement agency that a response for request for assistance USCI was not fulfilled.

6. Requester:

- a. Name: Thomas Kelley
- b. Organization: Florida State University Panama City Underwater Crime Scene Investigation
- c. Email: tkelley@pc.fsu.edu
- d. Phone #: (850)770-2202

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

- a. Name: Banyon Pelham
- b. Organization: Florida State University Panama City
- c. Email: bpelham@pc.fsu.edu
- d. Phone #: (850)770-2201

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

- a. Name: Kathy Mears
- b. Firm: Florida State University
- c. Email: kmears@fsu.edu
- d. Phone #: (850)644-4453

9. Organization or Name of entity receiving funds:

- a. Name: Florida State University
- b. County (County where funds are to be expended): Bay
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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 purpose of this funding is to train & equip Florida Fish and Wildlife Conservation (FWC) with training and equipment needed to conduct in-water investigations. More information available upon request.

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	Principal Investigator, Dr. Kelley @ .10FTE. Salary & benefits.	13,580
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Co-Principal Investigator, Banyon Pelham @ .10FTE. Salary & benefits. OPS Information Assistant @ .25FTE. Salary & benefits.	19,413
<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	Research Assistance/Trainer @ 1.00FTE. Salary & benefits. Trainer @ .10FTE. Salary & benefits. OPS Trainer @ 0.3333FTE. Salary & benefits.	102,066
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Diving Equipment, HAZMAT Equipment, Travel, Training Supplies & Maintenance & Repair.	515,215

<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		650,274

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)

N/A

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:

Letters of support and major organizations backing. Copies available upon request.

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?

Student training, professional officer training, rescue and recovery of persons and property

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

Rescue and recovery services, academic training

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	Persons trained.	Completion of training.
<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.)	In-water capabilities.	Documentation of in-water investigations.
<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 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 checked="" type="checkbox"/> Other (Please describe): Improve safety and effectiveness of Law Enforcement.	Implemented FWC regions.	Completion of investigations without injuries
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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?
1. Amount Requested from the State in this Appropriations Project Request:	650,274	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
<b>TOTAL</b>	<b>650,274</b>	<b>100%</b>	

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

No





1                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           Prodigy Cultural Arts Program; providing an  
 4           appropriation; providing an effective date.

5  
 6 Be It Enacted by the Legislature of the State of Florida:

7  
 8           Section 1. Prodigy Cultural Arts Program is an  
 9 Appropriations Project as defined in The Rules of The Florida  
 10 House of Representatives and is described in Appropriations  
 11 Project Request 897, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 13 of \$4,600,000 from the General Revenue Fund is appropriated to  
 14 the Department of Juvenile Justice to fund the Prodigy Cultural  
 15 Arts Program as described in Appropriations Project Request 897.

16           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Prodigy Cultural Arts Program
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Shawn Harrison  
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? 2017-18
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:		1,000,000	1,000,000		4,600,000	4,600,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes
  - 5a. If yes, which state agency? Department of Juvenile Justice
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
  - 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.  
DJJ provides annual 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
- 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, Manatee, Orange, Osceola, Pasco, Pinellas, Polk, Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough, Manatee, Orange, Osceola, Pasco, Pinellas, Polk, 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?

Funds will be used to support the Prodigy Cultural Arts Program a research-driven prevention and diversion program for at-risk youth ages 5 through 17. Prodigy uses cultural arts infused with life skills, academic enrichment and family support services to transform young lives. Since its inception in 2000, over 28,500 youth have participated in the program. Prodigy boasts an 89% non-recidivism rate and recent data shows that 98% of Prodigy enrolled students do not get in trouble with the law.

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	98,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	the agency COO, CFO, accounting, HR and grants administrator	188,775
<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 over 40 programming locations throughout west and central Florida.	150,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Full/Part-time program staff	992,214
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Program related expenses	1,105,636

<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Expenses related to contracts held with 12 partner sites	2,065,375
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		4,600,000

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)

N/A

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:

Prodigy has major partnerships with and support from host community groups throughout west central Florida including Saint Leo University, Boys and Girls Clubs, YMCA of the Suncoast, Florida Institute for Community Studies, Girls, Inc. Oasis Ministries, Orlando Neighborhood Improvement Corporation, Osceola Foundation for Education, and Heartland for Children. Local and state legislators, community members and youth have provided over 500 letters of support for the program.

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:

In November 2016, the Governor?s office and the Department of Juvenile Justice announced that juvenile crime was at a 40 year low. DJJ Secretary Daly attributed this drop in arrests and alternative sentences to ?front-end prevention and diversion services and programs? such as Prodigy. Additionally, the Justice Policy Institute reported in March 2015 that Florida spent \$55,407 annually per youth on juvenile incarceration. Thus, Prodigy represents an annual savings of \$53,000 per youth.

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?

Visual and performing arts instruction, cultural arts field trips and workshops, life skills instruction, academic enrichment and family support services.

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

Crime prevention and enhanced community safety via support for at-risk-youth and families.

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 checked="" type="checkbox"/> Enrich cultural experience	90% youth exposed to arts	Class sign-in sheets, Prodigy survey
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	75% youth maintain B average	Student report cards.
<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.)	85% youth do not commit crime	DJJ CAR Report (crime data report)
<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 checked="" type="checkbox"/> Reduce recidivism	89% youth non-recidivism rate	DJJ CAR Report (crime data report)
<input type="checkbox"/> Reduce substance abuse		

<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	89% youth non-recidivism rate	DJJ CAR Report (crime data report)
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	4,600,000	91.8%	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:	410,728	8.2%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>5,010,728</b>	<b>100%</b>	

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 2018-19 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



1                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           City of West Park Youth Crime Prevention Program;  
 4           providing an appropriation; providing an effective  
 5           date.

6  
 7 Be It Enacted by the Legislature of the State of Florida:

8  
 9           Section 1. City of West Park Youth Crime Prevention  
 10 Program is an Appropriations Project as defined in The Rules of  
 11 The Florida House of Representatives and is described in  
 12 Appropriations Project Request 449, herein incorporated by  
 13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 15 of \$200,000 from the General Revenue Fund is appropriated to the  
 16 Department of Juvenile Justice to fund the City of West Park  
 17 Youth Crime Prevention Program as described in Appropriations  
 18 Project Request 449.

19           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of West Park Youth Crime Prevention Program
2. Date of Submission: 11/09/2017
3. House Member Sponsor: Shevrin Jones  
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? 2017-18
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:		250,000	250,000		200,000	200,000

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 Juvenile Justice
  - 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.  
Financial consequences shall be assessed for non-compliance or non-performance for specified contractual infractions.

6. Requester:

- a. Name: W. Ajibola Balogun
- b. Organization: City of West Park
- c. Email: abalogun@cityofwestpark.org
- d. Phone #: (954)989-2688

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

- a. Name: W. Ajibola Balogun
- b. Organization: City of West Park
- c. Email: abalogun@cityofwestpark.org
- d. Phone #: (954)989-2688

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

- a. Name: Yolanda Cash-Jackson
- b. Firm: Becker & Poliakoff
- c. Email: yjackson@bplegla.com
- d. Phone #: (954)985-4132

9. Organization or Name of entity receiving funds:

- a. Name: City of West Park
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

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 City of West Park is in need of assistance to address the issue of truancy and crime prevention within South Broward. The City is ranked as third highest community with schools that have multiple risk factors. These risk factors include, but are not limited to suicide, truancy, juvenile crime, teenage pregnancy, alcohol and drug abuse, and other negative behavior patterns.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	200,000	200,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>200,000</b>

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)

N/A

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:

Resolution 2017-97 adopted during City Commission meeting on October 4, 2017.

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?

As part of the Cities commitment to provide quality Youth Programming that will deter truancy, bullying and other negative behavior amongst school-age children, funding is being requested to support after school and summer programming.

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

Our low-income, at-risk community is seeking support that will create a positive impact on students. Support is needed for this community outreach for crime prevention and anti-bullying.

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 checked="" type="checkbox"/> Improve agricultural production/promotion/education	This will create a positive impact on students. Support is needed for this community outreach for crime prevention and anti-bullying.	Youth programming that will deter truancy, bullying and other negative behavior among school age children.
<input checked="" type="checkbox"/> Improve quality of education	This will create a positive impact on students. Support is needed for this	Youth programming that will deter truancy, bullying and other negative



	community outreach for crime prevention and anti-bullying.	behavior among school age children
<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 checked="" type="checkbox"/> Reduce recidivism	This will create a positive impact on students. Support is needed for this community outreach for crime prevention and anti-bullying.	Youth programming that will deter truancy, bullying and other negative behavior among school age children
<input checked="" type="checkbox"/> Reduce substance abuse	This will create a positive impact on students. Support is needed for this community outreach for crime prevention and anti-bullying.	Youth programming that will deter truancy, bullying and other negative behavior among school age children
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	This will create a positive impact on students. Support is needed for this community outreach for crime prevention and anti-bullying.	Youth programming that will deter truancy, bullying and other negative behavior among school age children
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	200,000	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
<b>TOTAL</b>	<b>200,000</b>	<b>100%</b>	

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

No



1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           Davis-Bradley Mental Health Overlay; providing an  
4           appropriation; providing an effective date.

5  
6   Be It Enacted by the Legislature of the State of Florida:

7  
8           Section 1. Davis-Bradley Mental Health Overlay is an  
9 Appropriations Project as defined in The Rules of The Florida  
10 House of Representatives and is described in Appropriations  
11 Project Request 879, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
13 of \$200,000 from the General Revenue Fund is appropriated to the  
14 Department of Corrections to fund the Davis-Bradley Mental  
15 Health Overlay as described in Appropriations Project Request  
16 879.

17           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Davis-Bradley Mental Health Overlay
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Kathleen Peters  
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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:					200,000	200,000

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 Corrections
  - 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.  
Provider will not receive funds if services are not delivered.

6. Requester:

- a. Name: James Dates
- b. Organization: WestCare GulfCoast-Florida, Inc.
- c. Email: james.dates@westcare.com 727-490-6767
- d. Phone #: (727)490-6767

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

- a. Name: James Dates
- b. Organization: WestCare GulfCoast-Florida, Inc.
- c. Email: james.dates@westcare.com 727-490-6767
- d. Phone #: (727)490-6767

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: WestCare GulfCoast-Florida, Inc.
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Pinellas

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 purpose of the Davis-Bradley Mental Health Overlay project is to integrate mental health services within existing substance use disorder treatment programs offered by WestCare GulfCoast-Florida in its Davis-Bradley Community Involvement Center. The goal of the project is to improve the outcomes of 300 (per year) individual offenders with co-occurring disorders (COD) who are enrolled in community-based, residential SUD treatment funded by the Florida Department of Corrections.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	A portion of the following administrative functions of the agency: contracts management, sustainability, fund development, communications and marketing, finance management, human resources, compliance, risk management, evaluation, quality improvement, facilities management, staff and program development, safety and information systems and procurement. WestCare GulfCoast-Florida's federally approved indirect rate is 24.5 percent.	39,358
<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) Psychiatric Nurse (1 FTE) (100% requested) to provide direct integrated mental health services to participants under the supervision of a Psychiatrist. (2) Program Assistant (0.5 FTE) (100% requested) assist director and nurse with daily operational support	119,489
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	(1) Participant medications (portion not covered by third-party payers) (2) Secured tablet devices for supervised use by clients to participate in interactive education modules on a variety of life skills topics (e.g., mindfulness, stress management, resiliency, relationships, pain management, addiction, etc.) through Therapy Assistance Online (TAO) Connect, an online education platform designed to optimize therapy and improve treatment outcomes	13,328
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	(1) Psychiatrist (1 hour per week) to supervise Psychiatric Nurse (2) Allocation for Indaba Global Coaching, LLC to administer the DiscFlex? tool to assess behavioral tendencies in participants to aid in treatment planning and improve outcomes (3) Fee for use of TAO online education platform	27,825



Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

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)

N/A

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?

No

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:

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports on the effectiveness of integrated care for co-occurring disorders, and summarizes state-of-the-art treatment based on definitive research and empirical support in numerous publications and reports on COD including: <https://store.samhsa.gov/shin/content//SMA13-3992/SMA13-3992.pdf> and <https://store.samhsa.gov/shin/content/SMA08-4367/TheEvidence-ITC.pdf>

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?

Support of the requested mental health overlay will enable WestCare to provide critical integrated behavioral health services that address the complex needs of high-risk and high-need adults currently involved in the criminal justice system who suffer with co-occurring behavioral health disorders. People in the justice system with co-occurring disorders (COD) differ widely in type, scope, and severity of symptoms and complications.

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

Overall, specific mental health overlay services offered to participants will include: integrated assessment for COD using validated instruments and evidence-based motivational techniques, individualized treatment planning and plan reviews, integrated case management and recovery support services (RSS), individual and group counseling for COD, specialized COD education and support groups, life skills training, COD-specific employment readiness, medication management and monitoring.

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): Individuals with co-occurring (two or more) behavioral health disorders

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 checked="" type="checkbox"/> Improve physical health	Participants will exhibit improved psychiatric symptoms and functioning.	Participant self-reporting of improvements Progress notes by clinical team Participant adherence to treatment plan and compliance with program requirements Results of ongoing participant assessments using validated clinical tools.
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	An increase in participants securing employment during the re-entry phase of the program and/or post-	Participant self-reporting Documentation of participation in employment readiness classes. Progress notes from case

	discharge	management follow-up Documentation of employment
<input checked="" type="checkbox"/> Reduce recidivism	Decreased recidivism rates among participants post-discharge	Participant self-reporting No documented involvement in the criminal justice system Progress notes from case management follow-up
<input checked="" type="checkbox"/> Reduce substance abuse	Participants will be drug-free during treatment.	Clean results from randomized, science-based urine drug testing (random) Progress notes by clinical team Participant adherence to treatment plan and compliance with program requirements
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	200,000	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	200,000	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 2018-19 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



1                                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           St. Thomas University Human Trafficking Academy;  
 4           providing an appropriation; providing an effective  
 5           date.

6  
 7   Be It Enacted by the Legislature of the State of Florida:

8  
 9           Section 1. St. Thomas University Human Trafficking Academy  
 10          is an Appropriations Project as defined in The Rules of The  
 11          Florida House of Representatives and is described in  
 12          Appropriations Project Request 1078, herein incorporated by  
 13          reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 15          of \$175,000 from the General Revenue Fund is appropriated to the  
 16          Department of Legal Affairs and Attorney General to fund the St.  
 17          Thomas University Human Trafficking Academy as described in  
 18          Appropriations Project Request 1078.

19           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: St. Thomas University Human Trafficking Academy
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Cynthia Stafford  
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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column: A	B	C	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:					175,000	175,000

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 Legal Affairs and Attorney General
  - 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.



## Return of funds

6. Requester:

- a. Name: Monsignor Franklyn Casale
- b. Organization: St. Thomas University
- c. Email: ploconto@stu.edu
- d. Phone #: (305)628-6663

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

- a. Name: Janine Laudisio
- b. Organization: St. Thomas University
- c. Email: jlaudisio@stu.edu
- d. Phone #: (305)628-6796

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: St. Thomas University
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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 objective of the initiative is to build a large and comprehensive network of advocates and providers who can support victims out of trafficking and put in place policies and programs to make it more difficult for the trafficking to occur in the first place.

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	Salary (15%) -curriculum development and oversight	19,200
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Accounting, legal and insurance	17,500
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Assistant Director - 20 hours a week - operate program	35,200
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Curriculum materials, travel, recruitment, guest lecturers	50,100
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Student fellow and researchers, and faculty trainers	53,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>175,000</b>

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)

N/A

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:

The project was initially funded from 2010-2012 by a US Department of Justice grant. We have been coordinating our Academy services with the Florida Department of Children & Families, FDLE, US Dept. of Justice, FBI, Local Women's Shelters and Legal Aid agencies. Recently, we received a gift from the John Brunetti Foundation that will allow us to provide direct legal and mental health services to victims of human trafficking - we will be partnering with the Miami Dade State's Attorney Office.

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:

Florida is third in the nation for human trafficking according to research done by the National Human Trafficking Resource Center.

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?

St. Thomas Human Trafficking Academy will offer week-long intensive trainings as well as specialized trainings on human trafficking to professionals and volunteers: attorneys, social workers, clergy, law enforcement, teachers and medical professionals. It will also provide direct services through St. Thomas Law School and Graduate Counseling programs to victims.

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

The Human Trafficking Academy and St. Thomas Law School will offer free legal representation to human trafficking victims. Through the University's graduate Counseling and Mental Health Programs, Masters-level candidates will offer counseling services to human trafficking victims.

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	# of people leaving trafficking	law enforcement and service providers counts
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	# of individuals trained about human trafficking issues	Course completion information and follow-up surveys on how they are implementing their knowledge in the field
<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 checked="" type="checkbox"/> Reduce recidivism	number of victims escaping human trafficking	law enforcement and service provider head counts
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	number of victims receiving legal interventions and guidance	head count of victims placed in supportive/transition programs
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	175,000	41.2%	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:	250,000	58.8%	Yes
<b>TOTAL</b>	<b>425,000</b>	<b>100%</b>	

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 2018-19 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





1                                    A bill to be entitled  
 2            An act relating to the Appropriations Project titled  
 3            Riviera Beach Summer Youth Employment Program;  
 4            providing an appropriation; providing an effective  
 5            date.

6  
 7    Be It Enacted by the Legislature of the State of Florida:

8  
 9            Section 1. Riviera Beach Summer Youth Employment Program  
 10          is an Appropriations Project as defined in The Rules of The  
 11          Florida House of Representatives and is described in  
 12          Appropriations Project Request 1362, herein incorporated by  
 13          reference.

14            Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 15          of \$1,000,000 from the General Revenue Fund is appropriated to  
 16          the Department of Juvenile Justice to fund the Riviera Beach  
 17          Summer Youth Employment Program as described in Appropriations  
 18          Project Request 1362.

19            Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Riviera Beach Summer Youth Employment Program
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Al Jacquet  
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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:		900,000	900,000		1,000,000	1,000,000

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 Juvenile Justice
  - 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.  
Failure to utilize the funds for the employment of youth will result in denial of future funding.

6. Requester:

- a. Name: Clarence Williams
- b. Organization: Chief of Police
- c. Email: cwilliams@rivierabch.com
- d. Phone #: (561)845-4128

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

- a. Name: Clarence Williams
- b. Organization: Chief of Police
- c. Email: cwilliams@rivierabch.com
- d. Phone #: (561)845-4128

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

- a. Name: Sean Pittman
- b. Firm: Pittman Law Group, P.L.
- c. Email: sean@pittman-law.com
- d. Phone #: (850)216-1002

9. Organization or Name of entity receiving funds:

- a. Name: City of Riviera Beach
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Palm Beach

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 goal of the program is to provide summer employment and training opportunities to City youth with businesses and organizations that will provide real world experience. The program also aims to reduce the number of youthful offenders and youth victimization in the City of Riviera Beach.

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	Salary for Executive Director	36,170
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Project Manager	25,836
<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	Salaries for youth employees	937,994
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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)

N/A

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?

No

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?

The City will employ 500 youth ages 14-21.

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

Employment.

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	Youth will receive training and educational opportunities while enrolled in the program.	Record the number of participants that receive certifications and training as a result of the program.
<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 checked="" type="checkbox"/> Increase or improve economic activity	The participants will have the opportunity for long term employment with the agencies that they work with.	Record the number of participants that receive job offers after the
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	The participants will be employed during the summer when they would likely otherwise not have job opportunities.	Record the number of youth that are employed by the program.
<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	The rate of youth offenses rises during the summer. By giving youth a job, the City will see a decrease in criminal activity.	Record the difference in youth offenders in months May-August in years prior to and following the implementation of the program.
<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 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
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			funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	71.4%	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:	400,000	28.6%	Yes
5. Other:	0	0.0%	No
TOTAL	1,400,000	100%	

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

No





1                                   A bill to be entitled  
2       An act relating to the Appropriations Project titled  
3       Delores Barr Weaver Policy Center - Girl Matters:  
4       Continuity of Care Program; providing an  
5       appropriation; providing an effective date.

6  
7   Be It Enacted by the Legislature of the State of Florida:

8  
9       Section 1. Delores Barr Weaver Policy Center - Girl  
10 Matters: Continuity of Care Program is an Appropriations Project  
11 as defined in The Rules of The Florida House of Representatives  
12 and is described in Appropriations Project Request 268, herein  
13 incorporated by reference.

14       Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$375,000 from the General Revenue Fund is appropriated to the  
16 Department of Juvenile Justice to fund the Delores Barr Weaver  
17 Policy Center - Girl Matters: Continuity of Care Program as  
18 described in Appropriations Project Request 268.

19       Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Delores Barr Weaver Policy Center - Girl Matters: Continuity of Care Program

2. Date of Submission: 11/07/2017

3. House Member Sponsor: Cord Byrd

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? 2017-18
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:		375,000	375,000		375,000	375,000

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

5a. If yes, which state agency? Department of Juvenile Justice

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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.

N/A

6. Requester:

- a. Name: Dr. Lawanda Ravoira
- b. Organization: Delores Barr Weaver Policy Center
- c. Email: lravoira@seethegirl.org
- d. Phone #: (904)598-0901

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

- a. Name: Dr. Lawanda Ravoira
- b. Organization: Delores Barr Weaver Policy Center
- c. Email: lravoira@seethegirl.org
- d. Phone #: (904)598-0901

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

- a. Name: Thomas Griffin
- b. Firm: Smith, Bryan & Myers
- c. Email: tgriffin@smithbryanandmyers.com
- d. Phone #: (850)224-5081

9. Organization or Name of entity receiving funds:

- a. Name: Delores Barr Weaver Policy Center
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Clay, Duval, Nassau, St. Johns

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 sustain and expand the successful demonstration project, Continuity of Care: Girl Matters Model that provides intensive, wrap around services to justice involved girls and their families and saves the State of Florida significant funding by preventing girls who do not pose a public safety risk from being committed to costly residential programs. For every 30 girls prevented from being committed to a residential commitment facility, the State avoids costs totaling \$1.3M.

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 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:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Clinicians (2 FTE) \$96,981, Care Managers (2 FTE) \$92,951, Sr. VP Model Programming (.50 FTE) \$50,470, Psychologist (.75 FTE) \$30,000 with 30% benefits, \$81,120	351,522
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Mileage reimbursement for clinicians and care managers to provide services in-home, court, schools, detention centers, etc.	23,478
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		375,000

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)

N/A

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:

Letters of support from the following: State Attorney, Melissa Nelson; Public Defender, Charles Cofer; members of The Justice for Girls Leadership Council; Hon. David Gooding, Hon. Virginia Norton, Hon. Suzanne Bass, Fourth Judicial Circuit of Florida; Robert W. Mason, Dir. of Juvenile Division, Public Defender; Dr. Vicki Waytowich, E.D., Jacksonville System of Care Initiative; Dr. Christine Cauffield, President, LSF Health Systems (Managing Entity),

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) Individualized Assessment Services- Each girl that is referred will receive a complete intake assessment which includes psychosocial assessment and family strengths and needs assessment. The care manager completes the PAT assessment to determine risk domains. The care manager develops care plans with girls/families, prioritizes needs and develops strategies to address needs. Assessments may also include Juvenile Assessment and Intervention System Assessment (JAIS)

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

The following summarizes the types and amount of serves to be provided to system-involved girls aged 11-18 and their family members:  
?Diversion Groups (estimated 24 groups per year/90 girls served annually): Psychoeducational group for girls who are court ordered by the State Attorney?s Office to attend diversion for first time misdemeanor offenses. Groups are designed to improve communication skills and education girls/caregivers about available resources.

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	PAT Assessment Risk Score	PAT Assessment Risk Score
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	No new arrests for criminal offense	JJIS data at exit PAT or at reporting
<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 checked="" type="checkbox"/> Reduce recidivism	No new arrests for criminal offense	Tracking of juvenile justice system involvement
<input checked="" type="checkbox"/> Reduce substance abuse	PAT assessment risk domain regarding substance use	Initial PAT assessment and Exit PAT on same measure
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Numbers of girls diverted from the justice system or prevented from	Tracking of juvenile justice system involvement



	deeper involvement	
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	375,000	58.2%	N/A
2. Federal:	100,000	15.5%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	169,302	26.3%	Yes
<b>TOTAL</b>	<b>644,302</b>	<b>100%</b>	

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 2018-19 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



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A bill to be entitled  
An act relating to the Appropriations Project titled  
Lake County Veteran's Treatment Court; providing an  
appropriation; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Lake County Veteran's Treatment Court is an  
Appropriations Project as defined in The Rules of The Florida  
House of Representatives and is described in Appropriations  
Project Request 1282, herein incorporated by reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum  
of \$200,000 from the General Revenue Fund is appropriated to the  
State Court System to fund the Lake County Veteran's Treatment  
Court as described in Appropriations Project Request 1282.

Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Lake County Veteran's Treatment Court
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Jennifer Sullivan  
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? 2017-18
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:		200,000	200,000		200,000	200,000

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? State Court System
  - 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.  
Standard Contractor Penalties

6. Requester:

- a. Name: Tony Deaton
- b. Organization: Lake County Board of County Commissioners
- c. Email: tdeaton@lakecountyfl.gov
- d. Phone #: (352)742-6565

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

- a. Name: Tony Deaton
- b. Organization: Lake County Board of County Commissioners
- c. Email: tdeaton@lakecountyfl.gov
- d. Phone #: (352)742-6565

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

- a. Name: Christopher Carmody
- b. Firm: Gray-Robinson
- c. Email: chris.carmody@gray-robinson.com
- d. Phone #: (407)843-8880

9. Organization or Name of entity receiving funds:

- a. Name: Lake County Board of County Commissioners
- b. County (County where funds are to be expended): Lake
- c. Service Area (Counties being served by the service(s) provided with funding): Lake

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 goals of the Lake County Veterans Treatment Court are to: 1) Reduce criminal recidivism 2) Facilitate participant sobriety 3) Reduce costs of criminal cases 4) Increase compliance of treatment and other court-ordered conditions 5) Improve access to VA benefits and services 6) Improve family relationships and social connections and 7) Improve life stability

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
<b>Administrative Costs:</b>		
<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		
<b>Operational Costs:</b>		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Cases Manager	50,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Training, local travel and supplies	10,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Uncovered Mental Health Treatment and Drug Testing	140,000
<b>Fixed Capital Construction/Major Renovation:</b>		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>200,000</b>

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)

N/A

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:

The Lake County Public Safety Coordinating Council strongly supports a Lake County Veteran's Treatment Court program.

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:

A Sequential Intercept Mapping completed by the University of South Florida Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center in 2016 identified no specialty court systems in Lake County as a service gap. It states that specialty courts could save more money in the long run if the money is spent to establish them.

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?

The Lake County Veterans Treatment Court's mission is to promote public safety while supporting eligible veterans and their families through a coordinated effort among veteran's services, community services and the Court to leave no eligible veteran behind. Veteran's Treatment Court integrates alcohol/drug treatment and mental health services into the justice system case process. Partnerships with stakeholders allow for a coordinated strategy for responses to participants' compliance. Veteran me

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

The goals of the Lake County Veterans Treatment Court are to: 1) Reduce criminal recidivism 2) Facilitate participant sobriety 3) Reduce costs of criminal cases 4) Increase compliance of treatment and other court-ordered conditions 5) Improve access to VA benefits and services 6) Improve family relationships and social connections and 7) Improve life stability

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): Veterans

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 checked="" type="checkbox"/> Improve physical health	Increased access to VA benefits	Medical Evaluation

<input checked="" type="checkbox"/> Improve mental health	Increased functioning score	Evidence based psychological assessments
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Completed court sanctions	Intensive court supervision
<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	Obtain or maintain employment	Employment verification
<input checked="" type="checkbox"/> Reduce recidivism	No new charges received	Arrest record verification
<input checked="" type="checkbox"/> Reduce substance abuse	Live a drug-free life	Random urinalysis testing
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Decreased court time & cost	Court record verification
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	200,000	80.0%	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:	50,000	20.0%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>250,000</b>	<b>100%</b>	

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 2018-19 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



HB 4319

2018

1                   A bill to be entitled  
2           An act relating to the Appropriations Project titled  
3           The Dan Marino Foundation - Juvenile Reentry Virtual  
4           Interviewing Pilot Program; providing an  
5           appropriation; providing an effective date.

6  
7 Be It Enacted by the Legislature of the State of Florida:

8  
9           Section 1. The Dan Marino Foundation - Juvenile Reentry  
10 Virtual Interviewing Pilot Program is an Appropriations Project  
11 as defined in The Rules of The Florida House of Representatives  
12 and is described in Appropriations Project Request 1268, herein  
13 incorporated by reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
15 of \$250,000 from the General Revenue Fund is appropriated to the  
16 Department of Juvenile Justice to fund The Dan Marino Foundation  
17 - Juvenile Reentry Virtual Interviewing Pilot Program as  
18 described in Appropriations Project Request 1268.

19           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Dan Marino Foundation - Juvenile Reentry Virtual Interviewing Pilot Program
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Clay Ingram  
Members Copied: Daniel Perez

## 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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:					250,000	250,000

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 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.  
Possible future funding adjustment

6. Requester:

- a. Name: Mary Partin
- b. Organization: The Dan Marino Foundation, Inc.
- c. Email: mpartin@danmarinofoundation.org
- d. Phone #: (954)368-6013

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

- a. Name: Betsy Christy
- b. Organization: The Dan Marino Foundation, Inc.
- c. Email: bchristy@danmarinofoundation.org
- d. Phone #: (954)368-6016

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

- a. Name: Susan Goldstein
- b. Firm: Susan Goldstein Consulting, Inc.
- c. Email: susan@slobby.com
- d. Phone #: (954)830-6300

9. Organization or Name of entity receiving funds:

- a. Name: The Dan Marino Foundation
- b. County (County where funds are to be expended): Broward, Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

Customizable training for Florida's incarcerated youth, ages 15-19. A creative approach to support their successful reentry and to reduce the rate of recidivism, through the use of virtual technology. Employment is key to successful transition. The job interview can present the biggest challenge to employment. This program motivates youth using gamification and virtual technology, to practice and improve interviewing skills and reducing anxiety.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	5% of Total Grant-Staff Accountant	12,500
<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	Project Manager, Program Coordinator	89,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Materials & Supplies, Computer Services, Equipment, Travel	75,500
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contractor to customize Virtual Interactive Software to address challenges specific to youth offenders	73,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>250,000</b>

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)

N/A

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:

Pilot has the support of the Florida Department of Juvenile Justice; the Broward Legislative Delegation (October 18, 2017); the Miami Dade Legislative Delegation (TBD January, 2018); Letters of Support-Florida International University, The Florida Council on Crime and Delinquency, and Here's Help.

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:

Bailey K. (2009). The Causes of Recidivism in the Criminal Justice System and Why It Is Worth the Cost to Address Them, Durose, M.R., Cooper, A.D., & Snyder, H.N. (2014). Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010. U.S. Department of Justice Special report #244205, Bresnahan, T., Rizzo, A.A., Burke, S.L., Partin, M., & Trimmer, M. (2016). Using Virtual Interactive Training Agents (ViTA) with Adults with Autism and Other Developmental Disabilities.

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?

Offenders often report being stressed about being interviewed for a job and especially have challenges with how to formulate responses for discussing their incarceration history. Getting a job can make a big difference for an offender, their families, and their community. This objective will be directly addressed with vocational interview skill training including practice activities designed to improve interviewing skills and reduce anxiety. Such training will be delivered as part of the offense

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

The Virtual Interactive Training Agent (ViTA) is a virtual reality practice system initially designed to build job-interviewing competence and reduce anxiety in persons with Autism Spectrum and with U.S. Veterans. The system was developed by the University of Southern California Institute for Creative Technologies (USCICT) with the support of The Dan Marino Foundation, Google Health, and the U.S. Army. The diversity of training options provides 6 characters, each capable of 3 behavioral dispositions.

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	Through employability skills, and interview training, participants will improve the degree to which they believe they have the ability to successfully gain employment and live independently.	Pre/post self-efficacy survey
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Builds knowledge to successfully overcome barriers including not just employment but overall, they gain confidence and self esteem conducting their lives	Pre-and Post-measures will be collected in the areas of self-determination, self-advocacy, and employment-related social skills
<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	<p>The goal for all participants completing the program is employment.</p>	<p>Employment placement percentage as reported to the Probation Department. Pre and post year-end stakeholder satisfaction surveys to measure the participant's belief that he/she can live independently, have acquired necessary skills to interview for employment.</p>
<input checked="" type="checkbox"/> Reduce recidivism	<p>Employment can make a strong contribution to recidivism-reduction efforts because it uses individual's time and efforts on pro-social activities, making them less likely to engage in riskier behaviors and to associate with people who do.</p>	<p>As a pilot program, employment and recidivism will be tracked through Probation Department to establish a baseline.</p>
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	<p>Employment can make a strong contribution to recidivism-reduction efforts because it uses individual's time and efforts on pro-social activities, making them less likely to engage in riskier behaviors and to associate with people who do.</p>	<p>As a pilot program, employment and recidivism will be tracked through Probation Department to establish a baseline.</p>
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	250,000	61.0%	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:	160,039	39.0%	Yes
<b>TOTAL</b>	<b>410,039</b>	<b>100%</b>	

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

No



1                                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           Re-Entry Alliance Pensacola, Inc.; providing an  
 4           appropriation; providing an effective date.

5  
 6   Be It Enacted by the Legislature of the State of Florida:

7  
 8           Section 1. Re-Entry Alliance Pensacola, Inc. is an  
 9           Appropriations Project as defined in The Rules of The Florida  
 10           House of Representatives and is described in Appropriations  
 11           Project Request 1202, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 13           of \$200,000 from the General Revenue Fund is appropriated to the  
 14           Department of Corrections to fund the Re-Entry Alliance  
 15           Pensacola, Inc. as described in Appropriations Project Request  
 16           1202.

17           Section 3. This act shall take effect July 1, 2018.



# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Re-Entry Alliance Pensacola, Inc.
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Clay Ingram  
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? 2017-18
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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	<b>TOTAL Nonrecurring plus Recurring Base Funds</b> (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		200,000	200,000		200,000	200,000

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 Corrections
  - 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.

Non reimbursement of costs requested and less than full appropriation expended if services fall below allocated budget in purchase order contract with the FL Department of Corrections.

6. Requester:

- a. Name: Dick Baker
- b. Organization: Re-Entry Alliance Pensacola, Inc.
- c. Email: dbaker@heronsforest.com
- d. Phone #: (850)332-6677

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

- a. Name: Vince Whibbs Jr.
- b. Organization: Re-Entry Alliance Pensacola, Inc.
- c. Email: vincewhibbs@gmail.com
- d. Phone #: (850)324-6667

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

- a. Name: Wansley Walters
- b. Firm: Ballard Partners
- c. Email: wansley@ballardfl.com
- d. Phone #: (850)577-0444

9. Organization or Name of entity receiving funds:

- a. Name: Re-Entry Alliance Pensacola, Inc.
- b. County (County where funds are to be expended): Escambia, Santa Rosa
- c. Service Area (Counties being served by the service(s) provided with funding): Escambia, Santa Rosa

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?

Facilitate successful crime-free, re-entry and employment into the community of previously incarcerated individuals

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 & Case Manager, does not draw other benefits	52,500
<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	Employee/housing director, part time office manager and accounting, case manager, 2 part-time drivers, payroll services, workers comp, employer share health	100,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Office rent, communication services, computer maintenance, website, supplies, insurance, dues, postage & shipping, sales tax, audit & tax return, government fees, employee travel and bank services, client transportation, housing, food, drug	47,500

	testing	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

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)

N/A

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:

We have not requested such for this appropriation request as we believe the legislative sponsors and the FL Department of Corrections are familiar with our program and successes to date

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?

Housing, employment referrals, food, clothing, registrations and benefits applications, transportation and referral and assistances to various needed counseling services.

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

The services described in 17a. above will be provided to individuals who have recently left State of Florida correctional facilities with the goal and target of preventing them from unsuccessful reentry to the community (with likely incarceration again)

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 checked="" type="checkbox"/> Improve physical health	Ability to maintain employment	Demonstrated continued employment and successes
<input checked="" type="checkbox"/> Improve mental health	Ability to maintain employment	Demonstrated continued employment and successes
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Ability to maintain employment and not commit any crimes	Demonstrated continued employment and successes and not returning to incarceration
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Ability to maintain employment	Demonstrated continued employment and successes
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Ability to maintain employment	Demonstrated continued employment and successes
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Ability to maintain employment	Demonstrated continued employment and successes
<input checked="" type="checkbox"/> Reduce recidivism	Ability to maintain employment and not commit any crimes	Demonstrated continued employment and successes and not returning to incarceration

<input checked="" type="checkbox"/> Reduce substance abuse	Ability to maintain employment	Demonstrated continued employment and successes and continued participation in appropriate treatment
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Ability to maintain employment and not commit any crimes	Demonstrated continued employment and successes and not returning to incarceration
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	200,000	52.6%	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:	180,000	47.4%	No
<b>TOTAL</b>	<b>380,000</b>	<b>100%</b>	

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 2018-19 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





1                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           Walton County Drug Court; providing an appropriation;  
 4           providing an effective date.

5  
 6   Be It Enacted by the Legislature of the State of Florida:  
 7

8           Section 1. Walton County Drug Court is an Appropriations  
 9 Project as defined in The Rules of The Florida House of  
 10 Representatives and is described in Appropriations Project  
 11 Request 1114, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 13 of \$225,000 from the General Revenue Fund is appropriated to the  
 14 State Court System to fund the Walton County Drug Court as  
 15 described in Appropriations Project Request 1114.

16           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Walton County Drug Court
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Brad Drake  
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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column: A	B	C	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	<b>TOTAL Nonrecurring plus Recurring Base Funds</b> (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					225,000	225,000

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? State Court System
  - 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.  
Reduction of funding if target number not served

6. Requester:

- a. Name: Rachel Gillis
- b. Organization: Chautauqua Offices of Psychotherapy and Evaluation, Inc.
- c. Email: rachel.gillis@chhealthcare.org
- d. Phone #: (850)892-8045

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

- a. Name: Rachel Gillis
- b. Organization: Chautauqua Offices of Psychotherapy and Evaluation, Inc.
- c. Email: rachel.gillis@chhealthcare.org
- d. Phone #: (850)892-8045

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

- a. Name: Patrick Bell
- b. Firm: Capitol Solutions
- c. Email: pebell@earthlink.net
- d. Phone #: (850)544-0784

9. Organization or Name of entity receiving funds:

- a. Name: Chautauqua Offices of Psychotherapy and Evaluation, Inc.
- b. County (County where funds are to be expended): Walton
- c. Service Area (Counties being served by the service(s) provided with funding): Walton

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 implement an Adult Drug Court in Walton County. Walton County Drug Court is a Pre Trial Intervention Program designed as an alternative to traditional incarceration for first time, non-violent criminal offenders who are charged with the purchase or possession of a controlled substance and/or other substance abuse related offense. The goal of the program is to reduce Opioid related deaths in Walton County and to assist all participants in their recovery process.

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	Project Head will oversee daily operations of program and act as a liaison between the Judicial System and Service Provider.	68,879
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Master's level Clinician, Case Manager, and Support Staff	127,821
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Building Occupancy, Travel, Computers, Insurance, Office Supplies	28,300
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		225,000

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)

N/A

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:

Letters of Support.

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?

Intensive Outpatient Substance Abuse Treatment, Individual Counseling, Case Management, Employment counseling, training, and referrals, Education and Literacy Assistance, Parenting, Health Care Referrals, Housing Assistance, childcare, and mental health, Provide life=skills training.

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

Addiction Services include: Clinical Assessment, Outpatient Group and Individual, Intensive Outpatient, Detoxification, Aftercare. Ancillary Services Include: Housing, Parenting, Mental Health, Educational, Health related, Case Management, Drug Testing, HIV Counseling and Testing, Day Care

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 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 checked="" type="checkbox"/> Reduce recidivism	Number of participants re-arrested for drug charges in a 12 month period.	Total number of participants in a 12 months period and the percentage that are re-arrested within the same 12 month period.
<input checked="" type="checkbox"/> Reduce substance abuse	Percent of Positive Drug Test at admission, during program and at discharge for each participant.	The performance indicator will be based on a six month period. The percentage will be calculated on the number of positive test and the total number of drug test by participant.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	51-100 participants will be diverted to Drug Court.	75% of participants will successfully complete Drug Court requirements.



<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	225,000	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
<b>TOTAL</b>	<b>225,000</b>	<b>100%</b>	

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

No



1                                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           AMKids Apprenticeship and Job Placement Program;  
 4           providing an appropriation; providing an effective  
 5           date.

6  
 7 Be It Enacted by the Legislature of the State of Florida:

8  
 9           Section 1. AMKids Apprenticeship and Job Placement Program  
 10 is an Appropriations Project as defined in The Rules of The  
 11 Florida House of Representatives and is described in  
 12 Appropriations Project Request 1289, herein incorporated by  
 13 reference.

14           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 15 of \$2,650,000 from the General Revenue Fund is appropriated to  
 16 the Department of Juvenile Justice to fund the AMKids  
 17 Apprenticeship and Job Placement Program as described in  
 18 Appropriations Project Request 1289.

19           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: AMKids Apprenticeship and Job Placement Program
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Bobby Payne  
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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column: A	B	C	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:					2,650,000	2,650,000

5. Are funds for this issue requested in a state agency? 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 Juvenile Justice
  - 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.  
Financial consequences shall be assessed for non-compliance or non-performance for specified contractual infractions.

6. Requester:

- a. Name: Mike Thornton
- b. Organization: AMIkids
- c. Email: mat@amikids.org
- d. Phone #: (813)477-4853

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

- a. Name: Mike Thornton
- b. Organization: AMIkids
- c. Email: mat@amikids.org
- d. Phone #: (813)477-4853

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

- a. Name: Tara Reid
- b. Firm: Straegos Public Affairs
- c. Email: treid@strategosgroup.com
- d. Phone #: (386)530-0426

9. Organization or Name of entity receiving funds:

- a. Name: AMIkids
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

AMIkids Apprenticeship and Job Placement Program will create community hiring partnerships, resume and interview services, mentoring, and career coaching. Our aim is to give students an opportunity to find meaningful career options that prepare them to make better choices and contribute to the community. The overall goals of the program are improving academic outcomes, increasing job readiness skills, and reducing the risk of recidivism. Our goal is to provide workplace readiness skills.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Back office functions to include direct support for payroll, regional management, IT, accounting support, and other corporate level functions including research	764,724
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel to support 15 programs, vocational supplies	71,583
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	7 Career Coordinators, 1 GED Instructor, 7 Vocational Instructors, 15 Job Recruiters	1,560,812
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Student transportation (transporting students to/from home, to job interviews, and to community service), Repairs and maintenance,	252,881

	Rentals (facility lease for after school vocational program), Communications (telephone and postage), Instructional supplies for program sites, Public utility services (water, sewage, garbage), Energy Service (electricity), Custodial supplies	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,650,000

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)

N/A

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?

No

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?

No

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	Number of students who earn additional course credits, GEDs, and diplomas	Education Assessments including STAR Renaissance Learning, Credits earned, GED/HS Diplomas, vocational certifications
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Increase school attendance for court involved youth	Decrease truancy among at-risk youth enrolled in the program
<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	Increase the number of students leaving the program with a GED or HS diploma	Follow up services provided through AMI tracking students post-graduation
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Increase the number of youth actively attending school and reducing	AMIkids is required to submit program data to the Florida Department of Juvenile Justice so



	involvement in criminal offenses	that DJJ can track offenders who are placed in residential and diversion program
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	2,650,000	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
<b>TOTAL</b>	<b>2,650,000</b>	<b>100%</b>	

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

No



1                   A bill to be entitled  
 2           An act relating to the Appropriations Project titled  
 3           AMIkids Credit Recovery Program; providing an  
 4           appropriation; providing an effective date.

5  
 6   Be It Enacted by the Legislature of the State of Florida:

7  
 8           Section 1. AMIkids Credit Recovery Program is an  
 9           Appropriations Project as defined in The Rules of The Florida  
 10           House of Representatives and is described in Appropriations  
 11           Project Request 1275, herein incorporated by reference.

12           Section 2. For fiscal year 2018-2019 the nonrecurring sum  
 13           of \$1,000,000 from the General Revenue Fund is appropriated to  
 14           the Department of Juvenile Justice to fund the AMIkids Credit  
 15           Recovery Program as described in Appropriations Project Request  
 16           1275.

17           Section 3. This act shall take effect July 1, 2018.

# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: AMIkids Credit Recovery Program
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Bobby Payne  
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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column: A	B	C	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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b> (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					1,000,000	1,000,000

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 Juvenile Justice
  - 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.  
Financial consequences shall be assessed for non-compliance or non-performance for specified contractual infractions.

6. Requester:

- a. Name: Mike Thornton
- b. Organization: AMIkids
- c. Email: mat@amikids.org
- d. Phone #: (813)477-4853

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

- a. Name: Mike Thornton
- b. Organization: AMIkids
- c. Email: mat@amikids.org
- d. Phone #: (813)477-4853

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

- a. Name: Tara Reid
- b. Firm: Strategos Public Affairs
- c. Email: treid@strategosgroup.com
- d. Phone #: (386)530-0426

9. Organization or Name of entity receiving funds:

- a. Name: AMIkids
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

AMIkids Credit Recovery Program will emphasize putting students on track to re-enter school and earn a high school diploma. In 2016, AMIkids provided a multi-prong blended instructional approach that included basic skill training, online credit recovery, and teacher development. This approach challenges students at their current performance level while allowing them to self-pace and advance with support and gives students the opportunity to "catch-up" on missing credits and earn new credits

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Program Liaison, Back office functions to include direct support for payroll, management, IT and other corporate functions.	217,500
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office supplies, technology costs, travel, all insurances except medical/dental for staff	21,750
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Certified Teachers	135,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	credit recovery tool, academic supplies, student awards and incentives, staff technology equipment, education conferences and teacher academy, travel, cell phones, office supplies, postage, and	625,750

	community development, professional fees	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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)

N/A

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?

No

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?

No

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	Number of students who reduce antisocial behaviors incompatible with school engagement or success	All AMIkids youth participants are administered the Child Behavior Checklist ? Youth Self-Report (YSR)

		during intake and program release
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Number of students who earn additional course credits, GEDs, and diplomas	AMikids will measure monthly and/or by term the number of course completions, credits earned, GED or diplomas awarded based on FL middle school matriculation and high school graduation requirements
<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	Increase the number of students leaving the program with a GED or HS diploma	AMikids will track the number of GEDs and/or HS diplomas awarded across all programs Reduce recidivism
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Increase the number of youth actively attending school and reducing	AMikids will monitor student attendance, academic performance, community service and



	involvement in criminal offenses	vocational/career readiness as indicators of prevention and diversion from criminal engagement
<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 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?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	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
<b>TOTAL</b>	<b>1,000,000</b>	<b>100%</b>	

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

No





# Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: AMlkids Family Centric Programming
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Bobby Payne  
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? 2017-18
- 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.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
	Column:	A	B	C	D	E
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:		3,000,000	3,000,000		3,000,000	3,000,000

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 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.  
Financial consequences shall be assessed for non-compliance or non-performance for specified contractual infractions.

6. Requester:

- a. Name: Mike Thornton
- b. Organization: AMIkids
- c. Email: mat@amikids.org
- d. Phone #: (813)477-4853

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

- a. Name: Phildra Swagger
- b. Organization: AMIkids
- c. Email: pjs@amikids.org
- d. Phone #: (813)477-6083

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

- a. Name: Tara Reid
- b. Firm: Strategos Public Affairs, LLC
- c. Email: treid@strategosgroup.com
- d. Phone #: (386)530-0426

9. Organization or Name of entity receiving funds:

- a. Name: AMIkids
- b. County (County where funds are to be expended): Broward, Clay, Duval, Gadsden, Hillsborough, Manatee, Miami-Dade, Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Clay, Duval, Hillsborough, Miami-Dade

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?

AMIkids Family Centric Model incorporates family engagement and alliance so that the prevention and intervention services with youth have a long term impact. In 2017-2018, AMIkids provided additional services through the model to youth enrolled in the gender specific and day treatment programs and continued to provide an evaluation to assess and improve the quality of evidence-based services delivery and promising delinquency interventions for this population.

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	Two regional directors who oversee program	75,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Executive Director and Business Manager. Additionally, back office functions to include direct support for payroll, regional management, IT, accounting support, and other corporate level functions.	550,000
<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	All remaining staff which includes 24 staff members and benefits. ? 3 Family Support Directors ? 16 Family Support Specialists ? 2 Case managers ? 1 Behavior interventionist ? 1 Business Manager	1,575,000

	1 Director of Operations	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Student transportation (transporting students to/from home, to job interviews, and to community service) ? Repairs and maintenance ? Rentals (facility lease for after school vocational program) ? Communications (telephone and postage) ? Instructional supplies for program sites ? Public utility services (water, sewage, garbage) ? Energy Service (electricity	750,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contract for fidelity of the program	50,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		3,000,000

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)

N/A

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?

No

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:

AMIkids has support from students, parents, and businesses across the state of Florida. The program receives letters frequently from parents and students whose lives have benefitted from AMIkids, and families whose functioning has improved because of AMI's commitment to involving the entire family in prevention and intervention. Dr. Diana Green (Manatee Schools), Superintendent Roger Milton (Gadsden Schools), and Superintendent Addison Davis (Clay Schools) have been vocal supporters of AMIkids.

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?

In the final Year One report, The Justice Research Center (JRC) indicated that preliminary psychosocial and family functioning outcomes were promising, with most programs reporting improvements in youths' rule breaking behaviors, aggressive behaviors, oppositional defiant problems, conduct problems, family general functioning, and family communication. No youth were adjudicated for offenses occurring after completion of the Family Centric Model program.

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

Youth will receive screening and assessment to determine eligibility for Family Centric Model services. Youth who are between the ages of 11 and 17 who voluntarily enroll, and who have at least three of the following five risk factors receive Family Centric Model direct services: 1) family instability and conflict, 2) school instability or failure, 3) physical health and mental health problems, 4) attitude/behavior problems, or 5) victimization history.

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	Number served who reduce antisocial behaviors, improve psychosocial functioning, and improve family-functioning.	To assess individual youth functioning, all AMIkids genderspecific prevention program students will receive the Prevention Assessment Tool (PAT) assessment and the Community Positive Achievement Change Tool (C-PACT)
<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 checked="" type="checkbox"/> Reduce recidivism	Number of AMIkids students who successfully complete our programs who do not re-offend for 12 months. Nationally, 77% of AMIkids students do not reoffend	All AMIkids gender-specific prevention program students, will receive the PAT. Specific domains addressed through the AMIkids Family Centric Model are use of free time, relationships, family/living arrangements,
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Number of AMIkids students who successfully complete our programs who do not re-offend for 12 months. Nationally, 77% of AMIkids students do not reoffend	Youth assigned to the treatment group and the control group will be tracked throughout the evaluation to determine whether they have committed a law offense during services (referred to as an Offense During Services [ODS]). All youth will be tracked to determine whether they are adjudicated for any law offense within 12-mon.

<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): The number of youth served who	The number of youth served who reduce anti-social behaviors, improve psychosocial functioning, and improve family-functioni	To assess family functioning, the Texas Christian University (TCU) Family and Friends Assessment (FFA) and the McMaster Family Assessment Device (FAD) will be administered to treatment group youths and their families. Both assessments will be administered

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?
1. Amount Requested from the State in this Appropriations Project Request:	3,000,000	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
<b>TOTAL</b>	<b>3,000,000</b>	<b>100%</b>	

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 2018-19 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