

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami Bridge Youth and Family Services - Host Homes for Homeless Youth Program
2. Date of Submission: 11/13/2019
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? 2019-20
- 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 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.) | | | Develop New Funds Request for FY 2020-21 (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: | | 150,000 | 150,000 | | 200,500 | 200,500 |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Failure to meet performance measures may lead to corrective action up to and including contract termination.

6. Requester:

- a. Name: Dorcas Wilcox
- b. Organization: Miami Bridge Youth and Family Services, Inc.
- c. Email: Dwilcox@miamibridge.org
- d. Phone #: (305)636-3511

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

- a. Name: Alicia Sherman-Anderson
- b. Organization: Miami Bridge Youth and Family Services, Inc.
- c. Email: Aanderson@miamibridge.org
- d. Phone #: (305)636-3504

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

- a. Name: Joseph Salzverg
- b. Firm: Gray|Robinson, P.A.
- c. Email: Joseph.Salzverg@gray-robinson.com
- d. Phone #: (305)416-4880

9. Organization or Name of entity receiving funds:

- a. Name: Miami Bridge Youth and Family Services, Inc.
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Monroe

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?

In accordance with the mandate to end homelessness by 2020, funds will be used to seek permanency housing and services for the most vulnerable, difficult to place youth, ages 16-21. Youth who are waiting for permanent housing will receive mental health counseling (as needed) and services to prepare them for independent living ie case management, job readiness, academic advisement and placement, and wraparound services.

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 Host Home Coordinator - seeks safe, temporary, welcoming shelter for youth 2 Case Managers - provides case management, independent living skills, and family strengthening services to a total of 50 | 119,500 |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | 20 host stipends \$600/mo for avg of 5 months 20 youth welcome kits @ \$75 each 20 transportation + home visits @ \$75/youth | 63,000 |

| | | |
|---|---|----------------|
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study | 20 training costs, evaluation, youth stipends and Miami Bridge travel costs | 18,000 |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 200,500 |

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Miami Bridge works with several partners to secure housing for difficult to place youth, ages 12-17. We maintain Memorandum of Understandings and ongoing

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:

iCount, sponsored by Miami Homes for All, conducts annual studies of homeless youth, in which Miami Bridge participates. Other studies by DCF and HHS have

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?

Case Managers will provide services to youth in the areas of counseling, community support groups, and case management. Additionally, Needs

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

The Project Manager and the Case Managers provide the following direct services: identification, screening and training of community members who

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 | Youth participating in the program have demonstrated management of behavioral health | 80% of youth demonstrate during the program and at exit avoidance of at-risk behaviors, access mental health services and have not placed themselves or others in imminent harm. |
| <input type="checkbox"/> Enrich cultural experience | | |
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input checked="" type="checkbox"/> Improve quality of education | Youth participating in the program demonstrate academic progress. | 80% of youth advance academically during the program and at exit based on completion of GED or HS Diploma or demonstrate enrollment in a Vocational 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 type="checkbox"/> Increase or improve economic activity | | |
| <input type="checkbox"/> Increase tourism | | |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | Youth participate in a job readiness program or obtain a part-time job during the program or at exit of the program. | 85% of youth at exit and 30 days after program exit have completed an employment portfolio, or have obtained a part-time job. |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency | | |
| <input type="checkbox"/> Reduce recidivism | | |
| <input checked="" type="checkbox"/> Reduce substance abuse | Youth participate in programs (as needed) that provide substance abuse assessment and services to decrease usage. | 80% of youth report at exit of program and 30 days following the exit continued participation in substance abuse services and actively demonstrate harm reduction strategy. |
| <input type="checkbox"/> Divert from Criminal/Juvenile justice system | | |
| <input type="checkbox"/> Improve wastewater management | | |
| <input type="checkbox"/> Improve stormwater management | | |
| <input type="checkbox"/> Improve groundwater quality | | |
| <input type="checkbox"/> Improve drinking water quality | | |
| <input type="checkbox"/> Improve surface water quality | | |
| <input type="checkbox"/> Other (Please describe): | | |

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

| Type of Funding | Amount | Percent of Total | Are the other sources of funds guaranteed in writing? |
|--|----------------|------------------|---|
| 1. Amount Requested from the State in this Appropriations Project Request: | 200,500 | 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 | 200,500 | 100% | |

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

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

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

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select “ongoing activity”.

ongoing activity – no total cost

<1M

1-3M

>3-10M

>10M