

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Project LINK Tampa Bay Area Community Empowerment Center
2. Date of Submission: 11/01/2017
3. House Member Sponsor: Sean Shaw  
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					904,909	904,909

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.  
on-site monitoring

6. Requester:

- a. Name: Tina Young
- b. Organization: Project LINK, Inc
- c. Email: tyoung@project-link.org
- d. Phone #: (813)276-5671

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

- a. Name: Tina Young
- b. Organization: Project LINK, Inc
- c. Email: tyoung@project-link.org
- d. Phone #: (813)276-5671

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: Project LINK, Inc
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough, 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 specific purpose of the Community Empowerment Center, is to facilitate a change in behavior and empower individuals to maintain gains in sobriety, self-esteem, employability and parenting skills. We strongly believe this goal can be met by providing all the support, training, and services to move our citizens from poverty to self-sufficiency, from unemployed to employed, from victim to victor, self-loathing to self-empowered, from unfruitful parenting to happy families.

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	responsible for the general supervision and management of the office and business affairs of the organization and executing the mission and strategic plan	96,343
<input checked="" type="checkbox"/> b. Other Salary and Benefits	1)Prog Mgr,- Program managers routinely provide supervision; work as the lead of programs and perform liaison activities with upper management; (4) Family support specialist,-Specialist service individuals and families to improve their lives. Social services include an evaluation of the client's needs and arranging assistance (1) Office Assistant, - Assistant will perform a wide variety of office support and administrative functions	355,505
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	staff travel, computer expenses and	127,570

	office supplies	
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	audit, accountant, evaluation team	18,016
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	cell phones & utilities	11,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	workshop facilitator, instructors, trainers, counselors	109,400
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	renovations and capital outlay	187,075
TOTAL		904,909

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:

However, expression of support by Mt Pleasant Baptist Church, City of Tampa, West Tampa Alliance and West Tampa CDC. Letters of support can be obtained.

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 community empowerment center will be a diverse cultural environment. The services will include peer support, case management, empowerment workshops and encouragement for citizen's journey to recovery into self-sufficiency; The programs will reduced isolation, increased independence, links to services related to the treatment of mental illness; coordinated housing referrals; volunteer and employment readiness opportunities; help reduce economic disparities.

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

Family Support Specialist will provide direct services to include connect people and resources; intake and initial screening to determine program eligibility; refer individuals and families for other services if needed; ; frequent provide case management; and coordinate empowerment class workshops for clients.

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	reduced time spent ill/doctor	medical records/ medical history
<input checked="" type="checkbox"/> Improve mental health	increase meaningful engagement activities	training logs, counselor assessments
<input checked="" type="checkbox"/> Enrich cultural experience	Cultural competency tools	cross-cultural adaptability inventory tool
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	attainment & skill proficiencies	completion of education path, trainings and sign-in for participation sheets
<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	obtainment of employment or small business opportunities	income statements
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	increased skills and secured employment	job placement/ entrepreneurship stats
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	increased earning	pay stubs and self assessment tools
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	increased intervention services	participation logs and treatment assessments
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	improved prevention & better child-parent relationships and increased intervention efforts	juvenile crime rates, truancy stats
<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
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			writing?
1. Amount Requested from the State in this Appropriations Project Request:	904,909	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	904,909	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