

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Hope International - Substance Abuse Treatment Services
2. Date of Submission: 09/03/2019
3. House Member Sponsor: Brett Hage
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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					500,000	500,000

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? 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.
All funds not utilized must be returned to State

6. Requester:

- a. Name: Mary Starkey
- b. Organization: City of Hope International, Inc., dba House of Hope of Florida, Inc
- c. Email: starkeymb@embarqmail.com
- d. Phone #: (352)348-0840

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

- a. Name: Mary Starkey
- b. Organization: City of Hope International, Inc., dba House of Hope of Florida, Inc
- c. Email: starkeymb@embarqmail.com
- d. Phone #: (352)348-0840

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

- a. Name: Todd Lewis
- b. Firm: Lewis Consulting
- c. Email: todd@takethehighground.com
- d. Phone #: (727)644-8448

9. Organization or Name of entity receiving funds:

- a. Name: City of Hope International, Inc., dba House of Hope of Flori
- b. County (County where funds are to be expended): Sumter
- c. Service Area (Counties being served by the service(s) provided with funding): Lake, Marion, Sumter

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?

House of Hope provides a one year, nonprofit, faith-based, residential substance abuse program for men over 18. Our previously leased property has been sold and we have moved to temporary housing. We seek funding to support the purchase of a permanent facility to accommodate students, staff and additional program needs. This funding would allow for housing and counseling services for up to 25 students and prepare them to transition back to their families and community as drug-free adults.

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	Operations Manager to oversee all components of the program. \$35,000. Finance Director to manage the accounting and reporting functions; \$20,000. On-site Manager for night and weekend supervision (living on property) \$15,000.	70,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Part time, licensed clinical therapist to provide counseling with emphasis on administering testing to determine	30,000

	effective treatment plans for each student. This would include treatment for co-occurring disorders and anger management.	
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Purchase of property which would be suitable for the operation of the House of Hope program and provide housing for up to 25 students	400,000
TOTAL		500,000

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)

- 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:

Letters of support from area residents with additional letters of support from area churches and businesses can be provided.

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?

\$400,000 for the purchase of a suitable property that would accommodate students in this residential treatment program and will serve as living spaces, chapel, classrooms, counseling space, rec area and offices. Re-entry services are also provided along with regular follow-up with graduates

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

perations Manager - overall charge of supervision. Resident Manager - supervision on nights and weekends. Finance Director - handling student funds and providing financial planning for students. Clinical therapist to provide individual as well as family counseling. Classes provided would include but not be limited to: AA, NA, CR, GED, ESL. The community at large benefits when students reunite with families and are productive citizens within the community

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): Those seeking a recovery program for alcohol and substance abuse

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 type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Along with AA, NA, CR, and other recovery classes, random drug testing and counseling would be utilized throughout the one year program.	Random drug testing throughout the program time frame as well as clinical testing and specific treatment plans for each students' recovery. Confidential statistics would be collected for use in increasing success rates.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	House of Hope works closely with Sumter County Detention Center personnel as well as Probation and Parole staff to accept released inmates into the program.	Any student on probation will comply with the requirements of the House of Hope program as well as meet all probation criteria. Statistics collected by number only to track and improve success rates
<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	500,000	100.0%	N/A

Project Request:			
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	500,000	100%	

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

No