

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Women Veteran's Ignited
2. Date of Submission: 11/06/2019
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? 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:					389,450	389,450

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes
 - 5a. If yes, which state agency? Department of Veterans' Affairs
 - 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? 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.
If requirements of the grant are not met the state can ask for funds repaid in full

6. Requester:

- a. Name: Deloris Quaranta
- b. Organization: Northeast Florida Women Veterans Inc.
- c. Email: dquaranta@forwomenvets.org
- d. Phone #: (904)862-6039

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

- a. Name: Deloris Quaranta
- b. Organization: Northeast Florida Women Veterans Inc.
- c. Email: dquaranta@forwomenvets.org
- d. Phone #: (904)862-6039

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: Women Veterans Ignited
- b. County (County where funds are to be expended): Baker, Clay, Duval, Nassau, St. Johns
- 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?

Funds allows us to provide emergency shelter for homeless women veterans and their children. We will also provide preventive services to keep veterans in their homes. We will increase participation in our HerTOTALWellness program which addresses mental health through psycho-educational workshops, community engagement, and economic empowerment.

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	CEO will be responsible for overall function of the organization to include attend meetings relevant to the programs and wellbeing of women veterans, will also facilitate some workshops, and plan events. CEO \$65,000 FICA, FITC TAXES Workers Comp, Fringe Benefits \$2,000	67,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Office manager will supervise staff, maintain time sheets, schedule building maintenance, attend meetings, prepare reports, and train office personnel. \$40,00 Admin assistant will provide basic admin support, answer phones, schedule appointments, utilize office equipment, prepare correspondence, \$26,000 FICA, FITC TAXES Workers Comp, Fringe benefits \$3,000	69,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office supplies \$1,000 Utilities \$200 Technology to update website \$700	5,450

	Communications for telephone and Internet service \$1,000 Facility & Property Insurance \$1,000, Postage \$50 Building Maintenance \$500 Advertisement \$ 1,000	
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Bookkeeping Service	3,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Program manager will oversee 3 programs to include outreach to increase participation, scheduling facilitators and cohort dates, and arranging logistics for graduations and activities. \$40,000. Program Coordinator will provide administrative support to programs and provide outreach. \$29,000. Case Manager will perform intake and case manage all clients and participants. \$33,500 X 2. Part-time Mental Health Counselor will provide individual counseling, group therapy, and crisis intervention.\$25000	166,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Provide support services to at risk clients and participants such as rent, utilities, daycare, and food. \$50,000 Conferences and travel to attend veteran related meetings \$5,000 Supplies \$2,500 Technology and Communications \$3,500 Printing and Advertisement is needed to promote the HerTOTALWellness. \$5,000 Liability Insurance is required	68,500

	because the organization works with clients \$2,500 Marketing \$5,000	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Programs Facilitators(instructors) teach program workshops. Some facilitators require payment. \$10,500	10,500
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		389,450

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?

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?
To service women veterans and the different challenges they face after active duty

17b. Describe the direct services to be provided to the citizens by the funding requested.
Services include mental health and total wellness programs for women veterans

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	Improve mental health of women veterans	the outcome will show a decrease in homelessness for women veterans, increase participation in HER TOTAL Wellness Program which reduces suicide.
<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 checked="" type="checkbox"/> Increase or improve economic activity	Increase the economic stability of women veterans	Reduction in the number of homeless women veterans. Increase the employment rate amongst women veterans. Number of participants in Financial literacy
<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 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:	389,450	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	389,450	100%	

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

No