

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Abe Brown Ministries - Family Reunification Video Visitation Program
2. Date of Submission: 11/08/2017
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>	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:					100,000	100,000

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.

FDC can impose penalties for failing to submit reports and reimbursement requests in a timely fashion. Percentage attainment goals for performance

6. Requester:

- a. Name: Robert Blount, III
- b. Organization: Abe Brown Ministries Inc.
- c. Email: Robert.Blount@abebrown.org
- d. Phone #: (813)247-3285

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

- a. Name: Robert Blount, III
- b. Organization: Abe Brown Ministries Inc.
- c. Email: Robert.Blount@abebrown.org
- d. Phone #: (813)247-3285

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

- a. Name: Darrick McGhee,
- b. Firm: Johnson & Blanton, LLC
- c. Email: Darrick@teamjb.com
- d. Phone #: (850)321-6489

9. Organization or Name of entity receiving funds:

- a. Name: Abe Brown Ministries Inc.
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando, Hillsborough, Pasco, Pinellas, Polk

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 expand services for children to maintain the bond with their parents incarcerated throughout the state of Florida. The program is open to children who are under the age of 18 years old and have an incarcerated parent at one of the participating state prisons. The child(ren) must reside in either Hillsborough, Pinellas, Pasco, Polk, or Hernando County. The child must not be the victim of the parent's crime, and the parent must still have their parental rights.

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	This full-time position includes worker's compensation and a healthcare stipend. ABM does not offer minimal essential coverage per the Affordable Care Act because ABM is a small business which employs less than 50 full-time employees. ABM does provide a stipend towards the cost of a healthcare premium.	3,000
<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	The Family Reunification Program Coordinator is responsible for the coordination and supervision of the operation of program component(s).	38,000

	Develops and oversees daily treatment program activities and assists with program development; Ensures effective documentation of case management documentation on reports and billing documents. Work performed will primarily involve resource development, and quality control. The position has been established to plan, execute, and promote the program.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Video Conferencing Equipment and Technology, Operational, Occupancy, and Transportation expenditures to operate the program.	39,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Licensed Clinical Social Worker and Mental Health Professional to conduct Pre and Post visit decompression sessions with children and caregivers weekly. Also provides professional clinical counseling services to the children, caregivers, and incarcerated parents.	20,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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?

Yes

14a. Will this information technology project be managed within a state agency to support state agency program goals?

Yes

14b. What is the total cost (all years) to design and build the project?

14c. What are the ongoing (annual recurring) maintenance and operation costs once the project is completed?

14d. Can the state agency fund the ongoing annual recurring costs within its current operating budget?

Yes

14e. What are the specific business objectives or needs the IT project is intended to address?

Utilizing Florida Department of Corrections T1 secure networking lines to allow video conferencing technology for weekly video visits between children and their incarcerated mothers. This reduces security personnel costs for visitation within the institutions, no risk of contraband during video visits, and promotes healthy relationships that improve the behavior of incarcerated parents.

14f. Based upon the identified business objectives or needs, what are the success factors that must be realized in order for the state agency to consider the proposed IT project a success?

1) Florida Department of Corrections Institutional Leadership must allow use and access to its T1 lines; 2) Abe Brown Ministries will purchase and coordinate installation of approved video conferencing equipment utilizing appropriated funds; 3) Designated FDC personnel will work with the Family Reunification Video Visitation Program Coordinator to schedule and monitor visits.

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:

Abe Brown Ministries Inc. has been conducting video visits within Hillsborough County over the past 3 years thanks to the support of Florida Department of Corrections (MOA #A4334) and funding through the Children's Board of Hillsborough County (Contract #C01-60101-201-000-01306-002413-17)

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) Weekly Video Visits Between Children Under 18 and Their Incarcerated Parents. 2) Quarterly Family Bonding Trips With Children Under 18, Their Caregivers, and Their Incarcerated Parents. 3) Referral Services and Social Support Services to Children Under 18 With Incarcerated Parents and Their Caregivers

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

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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	Stress levels for caregivers will be reduced.	Caregivers will demonstrate a reduction in their stress levels as evidenced by a decrease in their Perceived Stress scale score.
<input checked="" type="checkbox"/> Improve mental health	To increase the familial bond and enhance the children's coping skills related to the trauma of being separated from their incarcerated parent	Children will demonstrate an increase in the familial bond and attachment to parent evidenced by self-report and clinical observation. children age 10-17 will demonstrate an increase in positive coping skill evidenced by Kid Cope Scale score. Children age 5-9 will demonstrate an increase in positive coping skill evidenced by a modified Kid Cope Scale score or emotional well-being skills.
<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 type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Inmates will have a greater sense of attachment to their children as well as decreased concerns regarding their child's well -being.	Inmates will demonstrate an increase in attachment to their children and a decrease in their concerns as evidenced by their score on the Inmate Questionnaires.
<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:	100,000	83.3%	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:	20,000	16.7%	Yes
TOTAL	120,000	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