

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Ready4Work Re-entry
2. Date of Submission: 11/13/2017
3. House Member Sponsor: W. Cummings
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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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:	1,225,000	200,000	1,425,000	1,225,000	500,000	1,725,000

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.
Financial penalties are defined in current contract.

6. Requester:

- a. Name: Kevin Gay
- b. Organization: Operation New Hope
- c. Email: KGay@operationnewhope.com
- d. Phone #: (904)354-4673

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

- a. Name: Peggy Boord
- b. Organization: Operation New Hope
- c. Email: PBoard@operationnewhope.com
- d. Phone #: (904)354-4673

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

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

9. Organization or Name of entity receiving funds:

- a. Name: Operation New Hope
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Clay, Duval, Nassau, St. Johns

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 provide re-entry services which includes: case management, mental health support, soft skills training, vocational training, job preparation training, and a dedicated job coach. Additional supportive services are available to Ready4Work clients such as: transportation assistance, transitional housing assistance, clothing assistance, medical / vision assistance, assistance to obtain vital documents, and allowance for work related clothing that may be necessary.

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 type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	This represents Program Cost to provide specialized vocational training and soft skills training, job skills training, and placement services for the most difficult to employ population. It will allow for additional services to be offered for those with greater need. This includes a 16% indirect cost to support staff travel and training and related equipment.	500,000

<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
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)

N/A

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:

Participated in Duval County Legislative session on November 1, 2017. We have received letters of support from the following: Melissa Nelson, States Attorney and Charlie Cofer, Public Defender for the Fourth Judicial Circuit; Mayor Lenny Curry; Honorable Judge Lester Bass; Daniel Davis, Jacksonville Chamber of Commerce President & CEO; and support of many local employers in NE Florida.

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 provide re-entry services which includes: case management, mental health support, soft skills training, vocational training, job preparation training, and a dedicated job coach. Additional supportive services are available to Ready4Work clients such as: transportation assistance, transitional housing assistance, clothing assistance, medical / vision assistance, assistance to obtain vital documents, and allowance for work related clothing that may be necessary.

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

To provide re-entry services which includes: case management, mental health support, soft skills training, vocational training, job preparation training, and a dedicated job coach. Additional supportive services are available to Ready4Work clients such as: transportation assistance, transitional housing assistance, clothing assistance, medical / vision assistance, assistance to obtain vital documents, and allowance for work related clothing that may be necessary.

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 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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Public safety is a direct outcome of a successful re-entry program by providing the ex-offender the opportunity to be gainfully employed in a profession that can become a career	Recidivism %
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	There are thousands of open / unfilled employment positions in the counties that Operation New Hope serves. By providing a direct pipeline of qualified candidates, it improves the local economy	Job placement stats
<input type="checkbox"/> Increase tourism		

<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Ex-offenders returning to the community need immediate supportive services and the ability to be self sufficient through the obtain of work. This pro-active approach supports the individual, the family, and the community.	Job placement stats, Average wage, recidivism
<input checked="" type="checkbox"/> Reduce recidivism	The Ready4Work goal is to provide a second chance to those individuals exiting the correctional system.	Recidivism Percentage
<input checked="" type="checkbox"/> Reduce substance abuse	Clients in the Ready4Work program are required to be drug free. Those clients with a history of substance abuse attend regular group and individual therapy session to maintain sobriety.	Percentage of clients that continue to pass drug testing throughout the program.
<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 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:	500,000	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	500,000	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