

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: CEDIA Violence Prevention and Economic Development Project
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Roy Hardemon
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? Yes
- 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: | | 500,000 | 500,000 | | 500,000 | 500,000 |

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 Economic Opportunity
 - 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.
Return funds to the State

6. Requester:

- a. Name: Bishop Lee Variety
- b. Organization: Community Economic Development Improvement Association (CEDIA) - Miami-Dade County
- c. Email: bishoplee08@hotmail.com
- d. Phone #: (786)443-9441

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

- a. Name: Bishop Lee Variety
- b. Organization: Community Economic Development Improvement Association (CEDIA) - Miami-Dade County
- c. Email: bishoplee08@hotmail.com
- d. Phone #: (786)443-9441

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: Community Economic Development Improvement Association/CEDIA
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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 Community Economic Development Improvement Association (CEDIA) offers grass roots advocacy and direct services to children and families residing in vulnerable communities. The goal of the Violence Prevention and Economic Development Project is to reduce instances of violence in low income communities by empowering residents through job training, links to employment, and leadership development. CEDIA will establish service locations and create permanent full-time jobs.

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 | Salaries and benefits for an Executive Director and Site Directors | 100,000 |
| <input checked="" type="checkbox"/> b. Other Salary and Benefits | Salaries and benefits for Clerical/Data Entry Office Staff | 60,000 |
| <input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | Office space rental; equipment lease; utilities; office supplies. | 50,000 |
| <input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study | Accounting and external audit | 2,000 |
| Operational Costs: | | |
| <input checked="" type="checkbox"/> e. Salaries and Benefits | Salaries and benefits for Street Coordinators and Case Managers | 250,000 |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Local travel; program supplies; communications; computers/laptops; office furniture; staff training; insurance. | 33,000 |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study | Job training and career exploration providers; expert trainers/consultants; | 5,000 |

| | | |
|---|--------------------|---------|
| | action plan/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:

This project has received the support and backing of the local community.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

FDLE's 2015 UCR report found that murder, aggravated assault, fondling (sexual assault), and motor vehicle theft increased in Miami-Dade County from 2014 to 2015. Over \$313 million worth of property was stolen. Juvenile arrests are down slightly; however, the rash of youth that have been injured or killed over the past year as a result of drive-by shootings has left community residents feeling unsafe. The School District has created a list of their most at-risk youth to target.

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?

CEDIA will establish service locations and create permanent full-time jobs.

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

CEDIA will offer grass roots advocacy, job training, links to employment, and leadership development.

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 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 checked="" type="checkbox"/> Create specific immediate job opportunities | This project will create new full-time positions. | Listing of new positions filled. |
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency | Link individuals to needed services and follow up for a minimum of 6 months to ensure they were hired and/or started a new business. This project will implement employability skills training, small business technical assistance, and links to support (i.e. micro loans, jobs, etc.). | Case files will be maintained on each individual that receives case management or is enrolled in a training program. Case managers will contact individuals at least one time per month to track progress. |

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Reduce recidivism | Provide case management, links to services and training. 80% of individuals with past criminal records will not return to the justice system while enrolled in the program. | Case managers will establish relationships with the justice system (i.e. probation officers) with the consent of the client and will follow up regularly. Recidivism rates will be tracked quarterly. |
| <input checked="" type="checkbox"/> Reduce substance abuse | Provide case management and links to substance abuse treatment. 70% of individuals contacted that have a history of substance abuse will be linked to support. | Case managers will track clients and record compliance with treatment plan based on client report. |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system | 70% of individuals referred to the program will not become involved in the criminal/juvenile justice system within one year of enrollment. | Case managers will follow up and track clients monthly (at a minimum). Data will be established through client report and coordination with referring agencies (i.e. DJJ, schools, mental health community workers, etc.). |
| <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: | 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?

No