

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Victory for Youth, Inc. - Share Your Heart Program
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Manny Diaz  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <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		764,620	764,620

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 Children and Families
  - 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.  
Withhold funds until expectations are met

6. Requester:

- a. Name: Rolando Gonzalez
- b. Organization: Victory for Youth, Inc.
- c. Email: rolyg@shareyourheart.us
- d. Phone #: (786)286-4814

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

- a. Name: Rolando Gonzalez
- b. Organization: Victory for Youth, Inc.
- c. Email: rolyg@shareyourheart.us
- d. Phone #: (786)286-4814

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: Victory for Youth, Inc.
- 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 purpose for the funding is to: 1) Continue to support federal, state and local efforts in increasing family stability and decrease involvement in governmental systems by expanding on assistance to families in distress. 2) Train Community Emergency Response Teams (CERT) and establish a communication network to increase the emergency response capacity of the Miami-Dade Emergency Management Dept. in times of disaster. 3) Assist in increasing ACCESS centers.

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	Salary and insurance benefits for Executive Director and a Project Manager to oversee the total operation of the organization.	110,312
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salary and insurance benefits for 2 operation managers (Miami-Dade) to oversee case managers; Warehouse Manager to manage part time warehouse clerks; Executive Assistant to manage office staff and PT Accountant	149,553
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Expenses for office equipment, supplies, travel, liability insurance and payroll tax expense for managers	36,776
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Accountant for audit and 990	10,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries and insurance benefits for 6 case managers to handle referrals;	269,455

	Volunteer coordinator to dispatch and train volunteers; and 3 part time warehouse clerks to assist with distribution of goods.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Expenses for advertising, transportation, equipment for storage facilities and staff, maintenance and repair , supplies for client referrals, telephone and Internet expenses.	178,524
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contract labor for special events and programs	10,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>764,620</b>

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:

Memorandums of Understanding, Referrals and DCF Reimbursement Contracts from previous years, FL Faith-based and Community-based Advisory Council

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?

Training for volunteers to assist children and families in distress by providing goods and services, including emotional and spiritual support and to assist government agencies in times of disaster with trained CERT volunteers; develop an emergency communication network for trained volunteers.

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

Families and children will be provided with goods and services, including emotional and spiritual support in times of distress and/or disasters. CERT volunteers will assist government entities in times of disaster.

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): abused, abandoned, and neglected children and victims of sexual assault

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	Families and children will be provided with food and clothing	Dollar value of items distributed
<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.)	Reduce the number of families with allegations of abuse or neglect who receive goods and services	DCF data on the number of families who have an allegation of abuse or neglect 6 months after receiving goods and services
<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	Will provide job opportunities	Number of Positions filled
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Provide goods and services to families and children in distress	Dollar value of services and goods distributed
<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 checked="" type="checkbox"/> Other (Please describe): Improve emergency response	Assist government agencies, families and children during disasters	Dollar value of distributed goods and services

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:	764,620	87.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	50,000	5.7%	No
4. Local:	5,000	0.6%	No

5. Other:	50,000	5.7%	No
TOTAL	869,620	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