

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Re-Entry Alliance Pensacola, Inc.
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Clay Ingram
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:		200,000	200,000		200,000	200,000

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.

Non reimbursement of costs requested and less than full appropriation expended if services fall below allocated budget in purchase order contract with the FL Department of Corrections.

6. Requester:

- a. Name: Dick Baker
- b. Organization: Re-Entry Alliance Pensacola, Inc.
- c. Email: dbaker@heronsforest.com
- d. Phone #: (850)332-6677

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

- a. Name: Vince Whibbs Jr.
- b. Organization: Re-Entry Alliance Pensacola, Inc.
- c. Email: vincewhibbs@gmail.com
- d. Phone #: (850)324-6667

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

- a. Name: Wansley Walters
- b. Firm: Ballard Partners
- c. Email: wansley@ballardfl.com
- d. Phone #: (850)577-0444

9. Organization or Name of entity receiving funds:

- a. Name: Re-Entry Alliance Pensacola, Inc.
- b. County (County where funds are to be expended): Escambia, Santa Rosa
- c. Service Area (Counties being served by the service(s) provided with funding): Escambia, Santa Rosa

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?

Facilitate successful crime-free, re-entry and employment into the community of previously incarcerated individuals

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	Executive Director & Case Manager, does not draw other benefits	52,500
<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 checked="" type="checkbox"/> e. Salaries and Benefits	Employee/housing director, part time office manager and accounting, case manager, 2 part-time drivers, payroll services, workers comp, employer share health	100,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Office rent, communication services, computer maintenance, website, supplies, insurance, dues, postage & shipping, sales tax, audit & tax return, government fees, employee travel and bank services, client transportation, housing, food, drug	47,500

	testing	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

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:

We have not requested such for this appropriation request as we believe the legislative sponsors and the FL Department of Corrections are familiar with our program and successes to date

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?

Housing, employment referrals, food, clothing, registrations and benefits applications, transportation and referral and assistances to various needed counseling services.

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

The services described in 17a. above will be provided to individuals who have recently left State of Florida correctional facilities with the goal and target of preventing them from unsuccessful reentry to the community (with likely incarceration again)

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	Ability to maintain employment	Demonstrated continued employment and successes
<input checked="" type="checkbox"/> Improve mental health	Ability to maintain employment	Demonstrated continued employment and successes
<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.)	Ability to maintain employment and not commit any crimes	Demonstrated continued employment and successes and not returning to incarceration
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Ability to maintain employment	Demonstrated continued employment and successes
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Ability to maintain employment	Demonstrated continued employment and successes
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Ability to maintain employment	Demonstrated continued employment and successes
<input checked="" type="checkbox"/> Reduce recidivism	Ability to maintain employment and not commit any crimes	Demonstrated continued employment and successes and not returning to incarceration

<input checked="" type="checkbox"/> Reduce substance abuse	Ability to maintain employment	Demonstrated continued employment and successes and continued participation in appropriate treatment
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Ability to maintain employment and not commit any crimes	Demonstrated continued employment and successes and not returning to incarceration
<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:	200,000	52.6%	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:	180,000	47.4%	No
TOTAL	380,000	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