

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Educational STEM & Outreach Stabilization Program

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Kimberly Daniels

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:					246,313	246,313

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 Education

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.

NA

6. Requester:

- a. Name: NARLENE MCLAUGHLIN
- b. Organization: The Potter's House International Ministries, inc.
- c. Email: bslater@phcalions.org
- d. Phone #: (904)786-0028

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

- a. Name: Belinda Slater
- b. Organization: THE POTTER'S HOUSE INTERNATIONAL MINISTRIES, INC.
- c. Email: bslater@phcalions.org
- d. Phone #: (904)786-0028

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: The Potter's House International Ministries, inc.
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Duval

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 requested funds will allow us to educate families of low-socio economic status in the basics of coding for STEM engagement as well as providing tutorial services to the community. In addition, we desire to expand our services to families in the community by offering a holistic approach to their basic needs. Through our partnership with our local church, TPHIM, Wal-Mart, Winn Dixie and others, over 1,200 families are being served each month with food, clothing, etc. (See attached.)

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	Program Executive Director- \$25,800.00 Benefits: \$5,160.00	30,960
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Assistant Director, Admin. Assistant- \$18,500.00 Benefits: \$3,700.00	22,200
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Conferences/Training -\$2,000.00	2,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Educational Counselor, Tutor, Laundry Attende, Social Worker, Financial Counselor, Certified Teachers, Teachers Assistants, Office Manager, Food Svc Workers, Janitor, and Maintenance Worker- \$65,460.00 Benefits: \$13,092.00	78,552
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Computers, Field Trips, Office Supplies Expenses, Educational Materials, Professional	108,101

	Development, Box Trucks, Refrigerator Truck, Washers/Dryers, Shelving, Storage cabinets, Air Conditions, Medical Equipment, Thanksgiving Give Away, Waste Management(Increase), Utilities(Increase), Internet, Additional Food, Supplies for Back to School Giveaway, Fuel and Maintenance, Indoor Play Area for Kids, Insurance(Additional), and Copier.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Program Special Consultants and Contracts	4,500
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		246,313

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?

No

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?

The activities and services provided by the funds are; 1) service to children: tutoring, direct instruction in how to code for STEM exposure, nutritional snacks, counseling as needed; 2) families/parent: computer literacy with coding, food provision, clothing, financial counseling, family counseling, GED referral services, assistance with governmental services related to housing and government assistance, laundry and personal needs (grooming).

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

Direct services include instructional materials, use of computers, audio visuals, curriculum, technology boards, training sessions, scheduled group meetings, social services, basic necessities (food, clothing, laundry facilities), financial services, medical referrals as needed, counseling for families, nutritional education, government assistance, housing referrals, and other referral sources as deemed 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 checked="" type="checkbox"/> Improve physical health	Workshops that offer strategies such as journaling, volunteerism, counseling, and setting life goals.	Percentage of participation, rubrics for monitoring challenges, weekly monitoring by assigned trainer/coach.
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	The cultural experience will be enhanced through the fact that an open site model. We promote and encourage interaction with the community by providing services to a diverse group.	Surveys will be developed to evaluate overall mental health. Participants will complete 75% of the activities presented.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Weekly attendance records will be kept of participants. They will be evaluated using pre and post methods, surveys, varying levels of achievement, etc. where applicable. Family goal sheets will be given to participants to complete outlining an area that they would like training in.	Pre-/Post pictures, the health of the garden and exit tickets will be used to determine the effectiveness of this objective. Participants will be able to take sample items from the garden.

	GED referral programs and basic computer literacy opportunities will be offered.	
<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.)	70% of those we served will successfully complete hours in training for job success using the tools of financial literacy, GED completion and job opportunity assistance portals.	Measuring this endeavor will be through successful job secure net and graduate completion.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	70% of those we served will successfully complete hours in training for job success using the tools of financial literacy, GED completion and job opportunity assistance portals.	Measuring this endeavor will be through successful job secure net and graduate completion.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Create an environment families in the community to succeed through the various outreach programs provided.	Measure these outreaches through increased participation in volunteering and follow up on successes gained.
<input checked="" type="checkbox"/> Reduce recidivism	Successful participants will be paired with newcomers to provide a source of support for others. Counseling and accountability measures from supporters will be used.	Partners will provide monthly reports to the Program Director regarding feedback from participants.

<input checked="" type="checkbox"/> Reduce substance abuse	Provide counseling and support through local outreach. Provide referrals if necessary.	Monitor successful treatment completion and overcoming addictions through outreach.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	70% of the children that participate will be introduced to coding for STEM development, which is an alternative to the regular academic program.	Rubrics, success levels certificates, recognition ceremonies, attendance, surveys, parental feedback and other established assessment tools will be used to measure successful
<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:	246,313	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	246,313	50.0%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No

TOTAL	492,626	100%	
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20. Is this a multi-year project requiring funding from the state for more than one year?

No