

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: AMlkids Credit Recovery Program

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Bobby Payne

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:					1,000,000	1,000,000

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 Juvenile Justice

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.

Financial consequences shall be assessed for non-compliance or non-performance for specified contractual infractions.

6. Requester:

- a. Name: Mike Thornton
- b. Organization: AMIkids
- c. Email: mat@amikids.org
- d. Phone #: (813)477-4853

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

- a. Name: Mike Thornton
- b. Organization: AMIkids
- c. Email: mat@amikids.org
- d. Phone #: (813)477-4853

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

- a. Name: Tara Reid
- b. Firm: Strategos Public Affairs
- c. Email: treid@strategosgroup.com
- d. Phone #: (386)530-0426

9. Organization or Name of entity receiving funds:

- a. Name: AMIkids
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

AMIkids Credit Recovery Program will emphasize putting students on track to re-enter school and earn a high school diploma. In 2016, AMIkids provided a multi-prong blended instructional approach that included basic skill training, online credit recovery, and teacher development. This approach challenges students at their current performance level while allowing them to self-pace and advance with support and gives students the opportunity to "catch-up" on missing credits and earn new credits

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 checked="" type="checkbox"/> b. Other Salary and Benefits	Program Liaison, Back office functions to include direct support for payroll, management, IT and other corporate functions.	217,500
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office supplies, technology costs, travel, all insurances except medical/dental for staff	21,750
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Certified Teachers	135,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	credit recovery tool, academic supplies, student awards and incentives, staff technology equipment, education conferences and teacher academy, travel, cell phones, office supplies, postage, and	625,750

	community development, professional fees	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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?

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?

No

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 checked="" type="checkbox"/> Improve mental health	Number of students who reduce antisocial behaviors incompatible with school engagement or success	All AMIkids youth participants are administered the Child Behavior Checklist ? Youth Self-Report (YSR)

		during intake and program release
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Number of students who earn additional course credits, GEDs, and diplomas	AMIkids will measure monthly and/or by term the number of course completions, credits earned, GED or diplomas awarded based on FL middle school matriculation and high school graduation requirements
<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 type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increase the number of students leaving the program with a GED or HS diploma	AMIkids will track the number of GEDs and/or HS diplomas awarded across all programs Reduce recidivism
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Increase the number of youth actively attending school and reducing	AMIkids will monitor student attendance, academic performance, community service and

	involvement in criminal offenses	vocational/career readiness as indicators of prevention and diversion from criminal engagement
<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:	1,000,000	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	1,000,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No