

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Small County Outreach Program (SCOP) City of Belle Glade
2. Date of Submission: 01/07/2016
3. House Member Sponsor(s): Kevin Rader

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
- b. What is the most recent fiscal year the project was funded? 2015-16
- 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 (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	905,000	0	905,000	905,000	928,368	0	928,368

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Lomax Harrelle
- b. Organization: City of Belle Glade
- c. Email: Lharrelle@belleglade-fl.com
- d. Phone #: (561)449-1011

6. Organization or Name of Entity Receiving Funds:

- a. Name: City of Belle Glade
- b. County (County where funds are to be expended) Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding) Palm Beach

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The funds will enable the City of Belle Glade and the Glades Region to keep moving forward with their street resurfacing program.

The SCOP funds, if received, will be utilized to move forward on these projects, not only for the safety of Belle Glade's citizens, but in the hope that upgraded and modern infrastructure will help us to attract new industry into the City, in turn creating new jobs

Who will benefit from receipt of State funds?

The Citizens of Belle Glade, its business owners, and the Glades Region as a whole.

What specific measures will be used to document performance data for the project, if it receives funds?

The City of Belle Glade and Palm Beach County will effectively manage project schedules, timely analysis of potential delay impacts, and thorough documentation and presentation of factual details that will significantly contribute to the resolution of complex issues in advance on the project. The schedules will be closely checked and we will verify that the progress of critical activities is being made and that changes in logic sequence are verified and accepted

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

Yes