Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>Florida Community Catalyst Project</u>
2. Date of Submission: <u>01/17/2017</u>
3. House Member Sponsor: <u>Sean Shaw</u>
   Members Copied:

4. DETAILS OF AMOUNT REQUESTED:
    a. Has funding been provided in a previous state budget for this activity?   <u>Yes</u>
       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? <u>2016-17</u>
    c. Were the funds provided in the most recent fiscal year subsequently vetoed? <u>Yes</u>
    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 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
Column:	A	B	C	D	E	F
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)	**Additional Nonrecurring Request**	**TOTAL Nonrecurring Request** (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:		500,000			3,000,000	3,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? <u>No</u>
    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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency.   Department of Economic Opportunity

6. Requester:
    a. Name: Ernest Coney
    b. Organization: FL Collaborative for Affordable Housing & Community Development,d.b.a NeighborWorks FL Collaborative
    c. Email: ernest.coney@cdcoftampa.org
    d. Phone #: (813)231-4362

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
    a. Name: Stephen Ponzillo
    b. Organization: NeighborWorks Florida Collaborative
    c. Email: stephen.ponzillo@nwflc.org
    d. Phone #: (813)449-1156

8. If there is a registered lobbyist, fill out the lobbyist information below.
    a. Name: Karen Skyers
    b. Firm: Becker & Poliakoff
    c. Email: kskyers@bplegal.com
    d. Phone #: (813)304-9463

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
    a. Name: Corporation to Develop Communities of Tampa, Inc.
    b. County (County where funds are to be expended): Hillsborough
    c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Duval, Escambia, Hillsborough, Leon, Miami-Dade, Orange, Palm Beach, Pasco, Pinellas

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)

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○ 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 NeighborWorks Florida Collaborative is a statewide association comprised of 12 Chartered Member organizations. We exist to amplify the impact of our member organizations, as they work to: foster sustainable homeownership, develop affordable housing and provide capital to build strong, thriving communities. The requested funds will be spent to stabilize neighborhoods and communities physically and economically impacted by increased foreclosure rates and disinvestment over the past 10 years.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter "0" if request is zero for the category
Administrative Costs:		
☑a. Executive Director/Project Head Salary and Benefits	YES - 50% of Staff Director Position	38,750
☑b. Other Salary and Benefits	YES - 1 FTE for Project Oversight	28,750
☑c. Expense/Equipment/Travel/Supplies/Other	YES - Oversight visits to 12 members	4,000
☑d. Consultants/Contracted Services/Study	YES - Administrative Overhead Costs	24,500
Operational Costs:		
☑e. Salaries and Benefits	YES - Staffing costs for Programming	435,600
☑f. Expenses/Equipment/Travel/Supplies/Other	YES - Other Programming Costs	1,268,400
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	YES - Each of the 12 members will look to engage in	1,200,000

	construction/renovation.	
TOTAL		3,000,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if "h. Fixed Capital Outlay" was not selected, question 13 is not applicable)
○ For Profit
⊙ Non Profit 501(c) (3)
○ Non Profit 501(c) (4)
○ Local Government (e.g., police, fire or local government buildings, local roads, etc.)
○ State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
○ Other (Please describe)

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:
Major organizational backing has been provided by NeighborWorks America since it's inception. NeighborWorks America annually invests more than $3 million to support the efforts of Florida's 12 local member organizations. NeighborWorks has also provided additional funding to support efforts of 3 of the 12 members to create 'catalytic' neighborhood change (CDC of Tampa, Inc.; Community Partners,Inc.; Rural Neighborhoods,Inc.).

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?
Yes

16a. Please Describe:
United Way of Florida's ALICE Report (uwof.org/alice) demonstrates that 45 percent of Florida households struggle to afford the basic necessities of housing, child care, food, health care and transportation. Also, the University of Florida's Shimberg Center for Housing Studies (shimberg.ufl.edu) has published numerous reports detailing Florida's ongoing shortage of affordable housing units -- before, during, and afer the Great Recession.

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17. Will the requested funds be used directly for services to citizens?
    Yes

    17a. Describe the target population to be served.   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
    ☑Other (Please describe): Veterans

    17b. 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 all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit

☐Improve physical health		
☐Improve mental health		
☐Enrich cultural experience		
☐Improve agricultural production/promotion/education		
☐Improve quality of education		
☐Enhance/preserve/improve environmental or fish and wildlife quality		
☐Protect the general public from harm (environmental, criminal, etc.)		
☐Improve transportation conditions		
☑Increase or improve economic activity	# of affordable housing units	successmeasures.org
☐Increase tourism		
☑Create specific immediate job opportunities	# of jobs created or maintained	successmeasures.org
☑Enhance specific individual's economic self sufficiency	# of individuals able to afford the basic costs in their county	successmeasures.org
☐Reduce recidivism		
☐Reduce substance abuse		
☐Divert from Criminal/Juvenile justice system		
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		

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☐Improve drinking water quality		
☐Improve surface water quality		
☑Other (Please describe): Improve sustainability of homeownrship. Increase services to Veterans	# of new homeowners created. # of veterans served.	successmeasures.org

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	3,000,000	2.1%	N/A
2. Federal:	59,725,000	41.7%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	29,862,000	20.9%	No
4. Local:	27,733,600	19.4%	No
5. Other:	22,752,000	15.9%	No
TOTAL	143,072,600	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
    <u>Yes</u>

    20a. How much state funding would be requested after 2017-18 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
○1-2M
○>2-3M
○>3-10M
◉>10M

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