

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Salvation Army of Sarasota-Recovery Beds
2. Date of Submission: 01/11/2017
3. House Member Sponsor: Julio Gonzalez
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
- 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 (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 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</i>		
	Column:	A	B	C	D	E
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 Request <i>(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.)</i>
Input Amounts:					766,500	766,500

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? 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 Children and Families

6. Requester:

- a. Name: Chris Johnson
- b. Organization: The Salvation Army of Sarasota
- c. Email: chris.s.johnson@uss.salvationarmy.org
- d. Phone #: (941)556-0221

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Amy Jones
- b. Organization: The Salvation Army of Sarasota
- c. Email: amy.e.jones@uss.salvationarmy.org
- d. Phone #: (941)552-5174

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: The Salvation Army, a GA Corp., Salvation Army of Sarasota
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Sarasota

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?

To provide residential treatment in a structured live-in environment within a nonhospital setting on a 24-hours-per-day, 7 days-per-week basis, and is intended for individuals who meet the placement criteria for this component.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Oversight, Legal, Risk, Insurance	90,440
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Case Managers (3) and Case Workers (2)	270,910
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Room and board	405,150
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		766,500

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)

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:

On September 15, 2016 at the Fifth Annual Legislative Summit, the Community Alliance of Sarasota County voted to deem this project a legislative super priority for our community. There is documentation in the form of a Legislative Advocacy Committee, Recommended Legislative Issue Form.

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:

The need for increased residential treatment has been thoroughly documented by Sarasota County and the University of South Florida via the VIP-ER program and the CART initiative, reports, and evaluations.

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)

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
<input checked="" type="checkbox"/> Improve physical health	Less hospital/health dept. visits	Self reporting
<input checked="" type="checkbox"/> Improve mental health	Clients start meds for MH diagnosis	Medication records at our facility
<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.)	Lower re-arrest rates for crime	Jail recidivism rates
<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	Lower re-arrest rates, increased sobriety and jail diversion	Jail records, SSOM (Self sufficiency outcomes matrix), and court orders and commencements
<input checked="" type="checkbox"/> Reduce recidivism	Lower re-arrest rates for drug issues	Jail recidivism rates and records
<input checked="" type="checkbox"/> Reduce substance abuse	Individual staying sober 3/6/12 months	SSOM (Self sufficiency outcomes matrix)
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Indiv. sentenced to programs, not jail	Court order records and commencements
<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 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:	766,500	53.7%	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:	350,000	24.5%	No
5. Other:	309,950	21.7%	No
TOTAL	1,426,450	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 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