Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>Department of Corrections Job Candidate Behavioral Assessment Tool</u>

2. Date of Submission: <u>01/25/2017</u>

3. House Member Sponsor: Chris Latvala

Members Copied:

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? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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:	(If app	for FY 2016 for FY 2016 propriated in 201 priated amount, e	6-17 enter the	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:	А	В	С	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:		400,000	400,000		400,000	400,000

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 Corrections

- 6. Requester:
 - a. Name: <u>Billy Lewis</u> b. Organization: Infor
 - c. Email: <u>Billy.Lewis@infor.com</u> d. Phone #: (214)405-7583
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: <u>Billy Lewis</u> b. Organization: Infor
 - c. Email: <u>Billy.Lewis@infor.com</u> d. Phone #: (214)405-7583
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Robert Beck
 - b. Firm: Adams St Advocates
 - c. Email: robert@adamsstadvocates
 - d. Phone #: (850)766-1410
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: Infor
 - b. County (County where funds are to be expended): Statewide
 - c. Service Area (Counties being served by the service(s) provided with funding): <u>Statewide</u>
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Government

0	University or College
0	Other (Please describe

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Funding is requested to implement a statewide job candidate assessment tool to address one of the agency?s most critical operational problems? employee turnover and retention? two critical issues that increase costs and institutional risk. A behavioral job applicant assessment tool will identify a job candidate?s behavioral DNA measured against the Department?s top performing employees providing DOC with unique insight into the behavioral attributes that drive high p

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		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
□e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☑g. Consultants/Contracted Services/Study	Application software license and implementation	400,000
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		

	TOTAL		400,000
Fixe	For the Fixed Capital Costs requested with this issue, what ty d Capital Outlay? was not selected, question 13 is not applicand M/A		when complete? (In Question 12, if ?h.
	Is the project request an information technology project? Yes		
	14a. Will this information technology project be managed winder No	ithin a state agency to support state agen	ncy program goals?
orga	Is there any documented show of support for the requested inizational backing, or other expressions of support? Yes	project in the community including public	c hearings, letters of support, major
	15a. Please Describe: DOC is experiencing exceptionally high employee turno Miami-Dade County in an effort to show employee turno	·	rations. DOC is exploring a pilot project in
	Has the need for the funds been documented by a study, cor <u>Yes</u>	mpleted by an independent 3rd party, for	the area to be served?
	16a. Please Describe: Return on Investment projections. Implementation of t return on investment through reduced employee turnov reduced overtime, reduced training costs, reduced empl	er of at least \$5 million annually. Cost sa	vings are anticipated in the areas of
	Will the requested funds be used directly for services to citizeness	ens?	
	17a. Describe the target population to be served. Select all □Elderly persons □Persons with poor mental health □Persons with poor physical health □Jobless persons	that apply to the target population:	
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	☐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): DOC Job Applicants		
	O< 25 O25-50 O51-100 O101-200 O201-400 O401-800 ⊙>800		
18.	What benefits or outcomes will be realized by the expenditu	• • • • • • • • • • • • • • • • • • • •	
	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		
□Increase tourism		
□Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
☐Improve drinking water quality		
□Improve surface water quality		
☑Other (Please describe): Reduced Employee Turnover	o Reduced employee turnover. o Reduced costs due to reduce training. o Employee turnover and new hires washing out and leaving. o Better quality job applicants identified as a result of	Comparison analysis from prior year employee turnover rate to employee turnover rate after implementation of assessment tool.

behavioral assessments and using
assessment scores in the hiring
decision-making process

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?
Amount Requested from the State in this Appropriations Project Request:	400,000	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	400,000	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	vears?
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O<1M

⊙1-3M

O>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

O1 year

O2 years

O3 years

O4 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

O<1M

O1-2M

O>2-3M

O>3-10M

O>10M