

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Brevard Reentry Portal
2. Date of Submission: 02/06/2017
3. House Member Sponsor: Tom Goodson  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> <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:					300,000	300,000

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: Jarvis Wash
- b. Organization: My Community Cares, Inc.
- c. Email: pastorjarviswash@gmail.com
- d. Phone #: (321)795-8419

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

- a. Name: Jarvis Wash
- b. Organization: My Community Cares, Inc.
- c. Email: pastorjarviswash@gmail.com
- d. Phone #: (321)795-8419

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: My Community Cares
- b. County (County where funds are to be expended): Brevard
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard

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?

By funding this evidence-based reentry program, we will be able to assist inmates who are integrating back into the community to help them live successful, crime-free lives. Through comprehensive reentry services, further victimization and the likelihood a former offender will return to prison are both reduced. This initiative promotes fewer victims, less crime, and safer communities through outcomes that reduce recidivism with the best return on investment for taxpayers. We are replicating JREC

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salary will be used to hire one full-time Reentry Coordinator who will be responsible for strategic initiatives, planning, and outcomes; program budgeting; oversee staff, consultants, and volunteers; and work closely with all reentry stakeholders.	60,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salaries will be used to hire two full-time Reentry Case Managers who will provide intensive case management for high-risk ex-offenders returning from state prison to Brevard County.	80,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Training expense of staff will cover Moral Reconciliation Therapy (MRT) for staff; travel, office equipment, office supplies, liability insurance,	117,000

	phone/internet, rent, utilities, bus passes for clients, and housing for clients.	
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Contracting service funding will be used to provide substance abuse evaluations and treatment for ex-offenders needing treatment that have no other funding source.	43,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>300,000</b>

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:

There is strong community support by the Brevard Reentry Task Force that was formed in 2014. Reentry Task Force meetings are open to the public and are well attended by community organizations and citizens. There is support from Sheriff Wayne Ivey, State Attorney Phil Archer, and Public Defender Blaise Trettis.

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 Florida Department of Corrections has completed research on the number and the needs of inmates being released from state prison to each Florida county. For FY 2014/2015, 842 inmates were released back into the Brevard County community from State prison, which ranks Brevard County 11th for inmate releases.

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 type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<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.)	Reduce re-imprisonment number in the State prison system for inmates who were convicted in Brevard County. Reduce the crime rate in Brevard County.	The number of inmates returning to State prison within 3 years of release. Annually, review the crime rate in Brevard County as reported by FDLE.
<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 type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Reduce re-imprisonment number in the State prison system for inmates who were convicted in Brevard County. Reduce the crime rate in Brevard County.	The number of inmates returning to State prison within 3 years of release. Annually, review the crime rate in Brevard County as reported by FDLE.
<input checked="" type="checkbox"/> Reduce substance abuse	Clean urinalyses; enrolling in and completing substance abuse treatment; and a decrease in Opioid overdose.	The percentage of treatment participants who have clean urinalysis 6 months after completing treatment. Percentage of those that complete treatment and those that didn't. Compare those treated vs untreated and overdosed on Opioid.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<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:	300,000	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
<b>TOTAL</b>	<b>300,000</b>	<b>100%</b>	

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