

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: House of Hope - Substance Abuse Services
2. Date of Submission: 11/08/2017
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? No  
***If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E***
- 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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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 plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					400,000	400,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? **Department of Children and Families**
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.  
Funds will be returned to the state

6. Requester:

- a. Name: Patricia O'Dell
- b. Organization: City of Hope International, Inc. dba House of Hope of Florida
- c. Email: pat.hohfl@gmail.com
- d. Phone #: (352)750-0278

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Patricia O'Dell
- b. Organization: City of Hope International, Inc. dba House of Hope of Florida
- c. Email: pat.hohfl@gmail.com
- d. Phone #: (352)750-0278

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Todd Lewis
- b. Firm: N/A
- c. Email: lewis.d.todd@gmail.com
- d. Phone #: (727)644-8448

9. Organization or Name of entity receiving funds:

- a. Name: City of Hope International, Inc. dba House of Hope
- b. County (County where funds are to be expended): Sumter
- c. Service Area (Counties being served by the service(s) provided with funding): Lake, Marion, Orange, Pasco, Seminole, Sumter

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) Drug and Alcohol Rehabilitation

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

Funding will allow House of Hope to provide increased and more efficient services for our residents. House of Hope exists on charitable donations and all administrators and other staff are volunteers. We need staff which is more than our current donations provide. There are also items we need to purchase to operate more efficiently. Transporting the men to doctors, parole officers, court appearances, etc. is an issue because the current vehicles require constant repair and are not energy efficient.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) 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 type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Part time program director, part time licensed counselor, payment of 2 staff 24 hours - 7 days a week	230,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	2 commercial economical cars, 1 16 person passenger vehicle, telephone systems, tractor and equipment, commercial washer and dryer, vocational equipment	170,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

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:

250 Private donors have raised over \$40,000 towards the operational expenses since April, 2016 (Donor names are confidential). Tickets to fundraising events are sold out. Letters of support have been received from individuals and business/organizations such as Hope Lutheran Church, Wildwood Soup Kitchen, Helping Hands of New Covenant United Methodist Church.

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

No

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

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Will be used to help a wide variety of individuals in the community

17b. Describe the direct services to be provided to the citizens by the funding requested.

Drug rehabilitation

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

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
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. 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 each Benefit/Outcome 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	Residents will be introduced to a drug free lifestyle. Routine medical care will be provided	Physician and Emergency Room visits will be decreased

<input checked="" type="checkbox"/> Improve mental health	counseling sessions will be available as they transition to a drug-free lifestyle	Instances of anger, depression and other issues will decrease. The need for medication will decrease
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Safe, economical vehicles in good condition will be purchased	Residents will be transported in a timely manner and will be at appointments on time. The cost of operating and maintaining the vehicles will decrease.
<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	Residents will learn to operate a t-shirt business. They will learn, printing, record keeping, interact with customers and otherwise be prepared for securing employment utilizing these skills.	Upon completion of the program, 100% of the residents will find employment. Follow-up calls will determine their employment status and success.
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Participants will be randomly drug	Completion of the program and drug

	tested with a zero tolerance policy. Participation in the program will result in individuals achieving a drug-free lifestyle	free at Quarterly follow-ups. 90% of residents will have clean drug tests
<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 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. 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
<b>TOTAL</b>	<b>400,000</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 2018-19 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
- 1-3M
- >3-10M
- >10M