

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Wayman Community Development At-Risk Services Program
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Kimberly Daniels
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? No
- 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: | | 100,000 | 100,000 | | 150,000 | 150,000 |

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 Juvenile Justice

6. Requester:

- a. Name: Mark L. Griffin
- b. Organization: Wayman Community Development Organization
- c. Email: mgriffin@wayman.org
- d. Phone #: (904)693-1170

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

- a. Name: Mark L. Griffin
- b. Organization: Wayman Community Development Organization
- c. Email: mgriffin@wayman.org
- d. Phone #: (904)693-1170

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

- a. Name: Phillip A.
- b. Firm: Singleton Consulting LLC
- c. Email: phillip@phillipsingleton.com
- d. Phone #: (678)801-6283

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

- a. Name: Wayman Community Development Corporation
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Duval

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?

WCDC is requesting \$150,000 in state funding to continue expanding its services in Duval County by hiring additional full-time and part-time counselors to provide services to at-risk youth in the community. Funds from this program will be used to reduce criminal activities among at-risk youth in Duval County by serving the nearly 30,000 juveniles and children living within the West Jacksonville, Normandy Village, Cedar Hills and Murray Hill community

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 | These funds will be used as a portion of the Executive Director's salary and the full salary of the Program Manager who will direct efforts for Wayman Community Development At-Risk Youth Program | 48,000 |
| <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 | These funds will be used to hire additional full-time and part-time Mental Health Counselors who will work directly with the Wayman Community Development At-Risk | 93,000 |

| | Services Program | |
|---|--|----------------|
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | These funds will be used to provide youth incentives, cover program expenses and providing recreational supplies | 9,000 |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 150,000 |

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)

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:

Wayman Community Development Corporation is supported by Duval County Sheriff Mike Williams, Millenia Housing Management (the owner of Eureka Gardens Apartments), and the Eureka Gardens Tenant Association

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. 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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | | |
| <input type="checkbox"/> Improve transportation conditions | | |
| <input type="checkbox"/> Increase or improve economic activity | | |
| <input type="checkbox"/> Increase tourism | | |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | By hiring additional full-time and part-time mental health counselors, WCDC will be able to effectively address and evaluate at-risk youth in high-crime areas of Duval County. | Mental Health Counselors will evaluate and report information to the Department of Juvenile Justice as an effort to combat future crime from at-risk youth in Duval County |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency | | |
| <input type="checkbox"/> Reduce recidivism | | |
| <input checked="" type="checkbox"/> Reduce substance abuse | The Executive Director, Program Manager and Mental health counselors will focus on reducing and eliminating the use of illegal drugs by at-risk youth in Duval County. | Wayman Community Development staff will report and develop techniques with the Department of Juvenile Justice to reduce substance abuse use by at-risk youth. |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system | Wayman Community Development Corporation's program will focus on reducing the number of children charged and entering the juvenile | Working with the Duval County Sheriff's office, Department of Juvenile Justice and other crime prevention organizations to |

| | | |
|---|---------------------------------------|--|
| | justice system by expanding services. | implement diversion programs to at-risk youth. |
| <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: | 150,000 | 60.0% | 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: | 100,000 | 40.0% | Yes |
| TOTAL | 250,000 | 100% | |

20. Is this a multi-year project requiring funding from the state for more than one year?

No