# **Appropriations Project Request - Fiscal Year 2017-18**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: CEDIA Violence Prevention & Economic Development Project

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Roy Hardemon

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 |              |                   | Develop New Funds Request   |              |  |
|--------------|---|--------------|-------------------|---|--------------|--|
|              | for FY 2016-17                                  |              |                   | for FY 2017-18  |              |  |
|              | (If appropriated in 2016-17 enter the           |              |                   | (Requests for additional RECURRING funds are prohibited. Any additional       |              |  |
|              | appropriated amount, even if vetoed.)           |              |                   | Nonrecurring funding requested to supplement recurring funds in the base will |              |  |
|              |   |              |                   | result in the base recurring amount being converted to Nonrecurring .)        |              |  |
| Column:      | Α   | В            | С                 | D   | E            | F  |
| Funds        | Prior Year                                      |              | Total Funds       | Recurring Base  | Additional   | TOTAL Nonrecurring Request                         |
| Description: | Recurring                                       | Prior Year   | Appropriated      | Budget  | Nonrecurring | (Will equal the amount from the Recurring base in  |
|              | Funds   | Nonrecurring |                   | (Will equal non-  | Request      | Column D to be CONVERTED to Nonrecurring plus      |
|              |   | Funds        | (Recurring plus   | vetoed amounts  |              | the Additional Nonrecurring Request in Column E.   |
|              |   |              | Nonrecurring:     | provided in Column  |              | These funds will be appropriated non-recurring if  |
|              |   |              | column A + column | A)  |              | funded in the House Budget or the Final Conference |
|              |   |              | B)                |   |              | Report on the budget.)                             |
| Input        |   |              |                   |   | 3,040,000    | 3,040,000  |
| Amounts:     |   |              |                   |   |              |  |

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 Economic Opportunity

- 6. Requester:
  - a. Name: **Dom'unique Variety**
  - b. Organization: Community Economic Development Improvement Association (CEDIA) Miami-Dade County
  - c. Email: bishoplee08@hotmail.com
  - d. Phone #: (786)443-9441
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
  - a. Name: Bishop Lee Variety
  - b. Organization: Community Economic Development Improvement Association (CEDIA) Miami-Dade County
  - c. Email: bishoplee08@hotmail.com
  - d. Phone #: (786)443-9441
- 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: Community Economic Development Improvement Association/CEDIA
  - b. County (County where funds are to be expended): Miami-Dade
  - c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade
- 10. What type of organization is the entity that will receive the funds? (Select one)
  - O For Profit

  - O Non Profit 501(c) (4)
  - O Local Government

| 0 | University | or Col | lege |
|---|------------|--------|------|
|---|------------|--------|------|

O Other (Please describe)

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

The Community Economic Development Improvement Association (CEDIA) offers grass roots advocacy and direct services to children and families residing in vulnerable communities. The goal of the Violence Prevention and Economic Development Project is to reduce instances of violence in low income communities by empowering residents through job training, links to employment, and leadership development. CEDIA will establish 6 service locations and create 55 permanent full-time jobs.

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

| Spending Category                                       | Description  | Nonrecurring<br>(Should equal 4d, Col. F)<br>Enter ?0? if request is zero for the<br>category |
|---|--|---|
| Administrative Costs:                                   |  |   |
| ☑a. Executive Director/Project Head Salary and Benefits | Executive Director: \$90,000 (w/benefits); Site Directors: 6 FTE x \$70,000 = \$420,000 (w/benefits).  | 510,000   |
| ☑b. Other Salary and Benefits                           | Office Staff - Clerical/Data Entry: 12<br>FTE x \$45,000 = \$540,000<br>(w/benefits).  | 540,000   |
| ☑c. Expense/Equipment/Travel/Supplies/Other             | Space (\$3,000 x 12 months x 6 = \$216,000); Equipment Lease (\$10,000); Utilities (\$1,000 x 12 months x 6 = \$72,000); Office Supplies (\$10,000). | 308,000   |
| ☑d. Consultants/Contracted Services/Study               | Accounting & External Audit  | 10,000  |
| Operational Costs:                                      |  |   |
| ☑e. Salaries and Benefits                               | Street Coordinators (12 FTE x \$40,000 = \$480,000; w/benefits);   | 1,560,000   |

|   | Case Managers (24 FTE x \$45,000 = \$1,080,000)  |           |
|---|--|-----------|
| ☑f. Expenses/Equipment/Travel/Supplies/Other          | Local Travel (\$5,000); Program Supplies (\$20,000); Communications (\$20,000); Computers/Laptops (\$12,000); Office Furniture (\$10,000); Staff Training (\$5,000); Insurance (\$10,000). | 82,000    |
| ☑g. Consultants/Contracted Services/Study             | Job Training and Career Exploration<br>Providers (\$5,000); Expert<br>Trainers/Consultants (\$5,000); Action<br>Plan/Study (\$20,000).   | 30,000    |
| Fixed Capital Construction/Major Renovation:          |  |           |
| □h. Construction/Renovation/Land/Planning Engineering |  |           |
| TOTAL   |  | 3,040,000 |

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?  $\underline{\text{No}}$ 

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?

<u>Yes</u>

15a. Please Describe:

This project has received the support and backing of the local community.

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:

FDLE's 2015 UCR report found that murder, aggravated assault, fondling (sexual assault), and motor vehicle theft increased in Miami-Dade County from 2014 to 2015. Over \$313 million worth of property was stolen. Juvenile arrests are down slightly; however, the rash of youth that have been injured or killed over the past year as a result of drive-by shootings has left community residents feeling unsafe. The School District has created a list of their most at-risk youth to target.

| 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 ☐ 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 (Blosse describe) | ion: |
| □Other (Please describe)  |      |
| 17b. How many in the target population are expected to be served?  O< 25  O25-50  |      |
| O51-100<br>O101-200   |      |

O201-400 O401-800 ⊙>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   |
|---|--|--|
| □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                          | This project will create 55 new full-time positions.   | Listing of new positions filled.   |
| ☑Enhance specific individual?s economic self sufficiency              | Link 1,000 individuals to needed services and follow up for minimum of 6 months to ensure they were hired and/or started a new business. This project will implement employability skills training, small business | Case files will be maintained on each individual that receives case management or is enrolled in a training program. Case managers will contact individuals at least one |

|   | technical assistance, and links to support (i.e. micro loans, jobs, etc.).  | time per month to track progress.  |
|---|---|--|
| ☑Reduce recidivism                            | Provide case management, links to services and training. 80% of individuals with past criminal records will not return to the justice system while enrolled in the program. | Case managers will establish relationships with the justice system (i.e. probation officers) with the consent of the client and will follow up regularly. Recidivism rates will be tracked quarterly.                      |
| ☑Reduce substance abuse                       | Provide case management and links to substance abuse treatment. 70% of individuals contacted that have a history of substance abuse will be linked to support.              | Case managers will track clients and record compliance with treatment plan based on client report.   |
| ☑Divert from Criminal/Juvenile justice system | 70% of individuals referred to the program will not become involved in the criminal/juvenile justice system within one year of enrollment.                                  | Case managers will follow up and track clients monthly (at a minimum). Data will be established through client report and coordination with referring agencies (i.e. DJJ, schools, mental health community workers, etc.). |
| □Improve wastewater management                |   |  |
| □Improve stormwater management                |   |  |
| □Improve groundwater quality                  |   |  |
| □Improve drinking water quality               |   |  |
| □Improve surface water quality                |   |  |
| □Other (Please describe):                     |   |  |

<sup>19.</sup> 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<br>(Automatically Calculates) | Are the other sources of funds guaranteed in writing? |
|---|-----------|--|---|
| Amount Requested from the State in this Appropriations     Project Request: | 3,040,000 | 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   | 3,040,000 | 100%   |   |

<sup>20.</sup> Is this a multi-year project requiring funding from the state for more than one year? No