Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Seminole County Juvenile Detention Center

2. Date of Submission: <u>02/06/2017</u>3. House Member Sponsor: Scott Plakon

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 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			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:	Α	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:					2,000,000	2,000,000

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: John Horan
 - $b.\ Organization: \underline{Seminole\ County}$
 - c. Email: Jhoran@seminolecountyfl.us
 - d. Phone #: (407)221-1842
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: John Horan
 - b. Organization: Seminole County
 - c. Email: Jhoran@seminolecountyfl.us
 - d. Phone #: (407)221-1842
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Jonathan Alexander
 - b. Firm: Southern Strategy Group
 - c. Email: Setzer@sostrategy.com
 - d. Phone #: (407)709-2324
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: Seminole County
 - b. County (County where funds are to be expended): Seminole
 - c. Service Area (Counties being served by the service(s) provided with funding): Seminole
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - 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?

The Juvenile Assessment Center (JAC) and the Juvenile Detention Center (JDC). These facilities are currently located separately from each other. This proposed project will combine the two operations by adding the Juvenile Assessment Center onto the existing Juvenile Detention Center and will expand space for our school board partners that provide instruction to detained juveniles.

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

Condition Colored Will Select un triat appry)					
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					
Fixed Capital Construction/Major Renovation:					
☑h. Construction/Renovation/Land/Planning Engineering	For capital to build a new facility and locate with existing	2,000,000			
TOTAL		2,000,000			

Fixed (or the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Capital Outlay? was not selected, question 13 is not applicable) OFor Profit ONon Profit 501(c) (3) ONon Profit 501(c) (4) OLocal Government (e.g., police, fire or local government buildings, local roads, etc.) OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system,
etc.	
(Oother (Please describe)
14. Is <u>No</u>	the project request an information technology project?
	there any documented show of support for the requested project in the community including public hearings, letters of support, major izational backing, or other expressions of support?
15	Sa. Please Describe: Seminole County Public Schools and Seminole County Sheriff office
16. Ha <u>No</u>	as the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?
17. W <u>Ye</u>	ill the requested funds be used directly for services to citizens?
0 0 0 0 0	Ta. 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?
O< 25
O25-50
O51-100
O101-200
⊙ 201-400
O401-800
O>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	Many juvenile offenders have mental health issues. Teaming with schools helps advance	Offenders leaving facilities and getting help
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
☑Improve quality of education	These students will have opportunity for better education	Children graduating from this facility

□Enhance/preserve/improve environmental or fish and wildlife quality		
☑Protect the general public from harm (environmental, criminal, etc.)	Removing these children from streets for help they need	Sheriff has metric to track progress of those in facility
□Improve transportation conditions		
☑Increase or improve economic activity	Putting these offenders back into workforce	Sheriff tracks
□Increase tourism		
☑Create specific immediate job opportunities	Students can leave system with workforce certificates	Placement of students in workforce and colleges after completion
☑Enhance specific individual?s economic self sufficiency	Career path and jobs	Placement of students in workforce
☑Reduce recidivism	Provides better opportunities upon leaving facilities	Sheriff can track
☑Reduce substance abuse	Drug treatment and education in facility	Sheriff can track
□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):		

^{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:	2,000,000	66.7%	N/A
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	1,000,000	33.3%	Yes
5. Other:	0	0.0%	No
TOTAL	3,000,000	100%	

^{20.} Is this a multi-year project requiring funding from the state for more than one year? No