

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Bethel Ready4Work- Tallahassee Reentry Program

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Ramon Alexander

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<br>for FY 2016-17<br>(If appropriated in 2016-17 enter the<br>appropriated amount, even if vetoed.) |                                     |  | Develop New Funds Request<br>for FY 2017-18<br>(Requests for additional RECURRING funds are prohibited. Any additional<br>Nonrecurring funding requested to supplement recurring funds in the base will<br>result in the base recurring amount being converted to Nonrecurring .) |  |  |
|-----------------------|---|-------------------------------------|--|---|--|--|
| Column:               | A   | B                                   | C  | D   | E  | F  |
| Funds<br>Description: | Prior Year<br>Recurring<br>Funds  | Prior Year<br>Nonrecurring<br>Funds | Total Funds<br>Appropriated<br><br>(Recurring plus<br>Nonrecurring:<br>column A + column<br>B) | Recurring Base<br>Budget<br>(Will equal non-<br>vetoed amounts<br>provided in Column<br>A)  | <b>Additional<br/>Nonrecurring<br/>Request</b> | <b>TOTAL Nonrecurring Request</b><br>(Will equal the amount from the Recurring base in<br>Column D to be CONVERTED to Nonrecurring plus<br>the Additional Nonrecurring Request in Column E.<br>These funds will be appropriated non-recurring if<br>funded in the House Budget or the Final Conference<br>Report on the budget.) |
| Input<br>Amounts:     |   | 500,000                             | 500,000  |   | 700,000  | 700,000  |

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: Rev. Dr. R.B. Holmes, Jr.
- b. Organization: Betherl Ready4Work- Tallahassee Reentry Program, Bethel Empowerment Foundation, Inc.
- c. Email: rbholmes2@gmail.com
- d. Phone #: (850)222-8440

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

- a. Name: Lucretia Shaw Collins
- b. Organization: Bethel Empowerment Foundation, Bethel Ready4Work-Tallahassee Reentry Program
- c. Email: collins.lucretia@ready4worktally.com
- d. Phone #: (850)329-2418

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

- a. Name: Loretta Darity
- b. Firm: Bethel Empowerment Foundation, Bethel Ready4Work-Tallahassee
- c. Email: darityl@gmail.com
- d. Phone #: (850)567-6392

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

- a. Name: Bethel Ready4Work- Tallahassee Reentry Program
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Gadsden, Jefferson, Leon, Wakulla

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?

The purpose of the program and the need for additional funds is to offer "job training and job placement" opportunities for offenders released from a Florida Department of Corrections facility or on active probation for a felony conviction. These individuals will be provided other support services to enable them to become law abiding, productive, taxpaying citizens of the community.

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:  |   |   |
| <input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits | Program Director manages and directs all activities in the planning, development, implementation, monitoring and supervision of the Ready4Work Program. Annual salary is \$70,000 and \$15,750 in benefits. | 85,750  |
| <input checked="" type="checkbox"/> b. Other Salary and Benefits                           | Funds will be used for an Administrative Assistant and an Accountant position   | 77,175  |
| <input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other             | Funds will be used for general office supplies, furniture and equipment, travel-related to training, utilities, and information technology-related expenses.  | 50,336  |
| <input type="checkbox"/> d. Consultants/Contracted Services/Study                          |   |   |
| Operational Costs:   |   |   |

|   |   |                |
|---|---|----------------|
| <input checked="" type="checkbox"/> e. Salaries and Benefits                  | Funding for the following positions: Intake Specialists, Case Manager, Career Development Instructor, Employment Service Job Coach, Life Coach Coordinator and the Business Development Manager. These positions provide direct services to the clients in the form of: eligibility determination; matching clients with suitable employers; finding businesses to hire clients, teaching a 4-6 week class. | 265,213        |
| <input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other          |   |                |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study  | Funds will be use to provide direct services to clients to include but not be limited to: bus passes for transportation to attend classes, emergency and temporary transitional housing, mental health and substance abuse assessment and treatment, education preparedness classes, family reunification program, and employment incentives for job retention.   | 221,526        |
| Fixed Capital Construction/Major Renovation:                                  |   |                |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering |   |                |
| <b>TOTAL</b>  |   | <b>700,000</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:

Tallahassee Clty Commission, by a unanimous vote, awarded the Bethel Ready4Work-Tallahassee Reentry Program \$125,000

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 checked="" type="checkbox"/> Improve mental health                                     | Program provides a mental health assessment for each client and if treatment is recommended, a plan is developed to meet those needs. | Reassessment of the need for continued treatment.   |
| <input type="checkbox"/> Enrich cultural experience   |   |   |
| <input type="checkbox"/> Improve agricultural production/promotion/education                  |   |   |
| <input checked="" type="checkbox"/> Improve quality of education                              | Provides soft skills training through 29 educational modules. Utilize Wonderlic testing to gauge educational level.                   | Daily assessments to determine information retention. Has Certified TABE Administrators (Test for Adult Basic Education) that are able to track testing progress. |
| <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  | Creates a job placement opportunity for clients completing the career development program based on the specific employment needs of the business. | Job retention for 90 consecutive days.  |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency |   |   |
| <input checked="" type="checkbox"/> Reduce recidivism                            | Provides employment opportunities which will reduce the clients chance of re-offending.   | Identify the number of clients who are not rearrest within a three year period. |
| <input checked="" type="checkbox"/> Reduce substance abuse                       | Program provides a substance abuse assessment for each client, and if treatment is recommend, a plan is developed to meet those needs.            | Reassessment of the need for continued treatment.                               |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system | Provides clients with job opportunities and resources.  | Clients are successful in finding employment.                                   |
| <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<br>(Automatically Calculates) | Are the other sources of<br>funds guaranteed in<br>writing? |
|---|---------|--|---|
| 1. Amount Requested from the State in this Appropriations<br>Project Request: | 700,000 | 100.0%   | N/A   |
| 2. Federal:   | 0       | 0.0%   | No  |
| 3. State: (Excluding the requested Total Amount in #4d,<br>Column F)          | 0       | 0.0%   | No  |
| 4. Local:   | 0       | 0.0%   | No  |
| 5. Other:   | 0       | 0.0%   | No  |
| TOTAL   | 700,000 | 100%   |   |

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