

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alternatives to Incarceration (ATI): South Florida Reception Center

2. Date of Submission: 02/03/2017

3. House Member Sponsor: Cynthia Stafford

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:					400,000	400,000

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: Kenneth M Kilpatrick
- b. Organization: The Alternative Programs, Inc.
- c. Email: kkilpatrick@tapflorida.org
- d. Phone #: (305)758-4187

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

- a. Name: Kenneth M Kilpatrick
- b. Organization: The Alternative Programs, Inc.
- c. Email: kkilpatrick@tapflorida.org
- d. Phone #: (305)758-4187

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: The Alternative Programs, Inc.
- 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)

- 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 Alternative Programs, Inc. (TAP) will facilitate the early release of non-violent offenders of the State Correctional System with less than one (1) year remaining on their sentences. TAP will provide an alternative to incarceration and quality supplemental post-release supervision for eligible offenders who are incarcerated at South Florida Reception Center facilities in Miami-Dade County, FL. The program will serve 100 eligible offenders and save the system \$1,801,436.00 dollars annually.

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	1 Executive Director (current) \$38,087.64 - Salary \$5,000.00 - Health Insurance	43,088
<input checked="" type="checkbox"/> b. Other Salary and Benefits	1 Executive Assistant (new) = \$48,442.50 salary + employ tax 1 Project Manager (current) = \$7,535.50 salary + employ tax 1 Office Manager (current) = \$7,535.50 salary + employ tax	63,514
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Supplies: 2 file cabinets, misc. supplies (i.e. client files/folders, paper, etc.) = \$4,400.00	4,400
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Accounting Services (current) \$30,000.00 Agency Audit (new) \$12,000.00	42,000

Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	1 Adult Intake Counselor (current lead) = \$5,382.50 salary + employ tax 2 Adult Intake Officers (new) = \$50,156.29 salary + employ tax 4 Adult Field Counselors (new) = \$100,312.58 1 Client Services Monitoring Specialist (new) = 28,660.73 employ + tax 1 File Clerk (new) = 23,286.84 salary + employ tax	184,512
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	- 8 laptop computers = \$9,600.00 - Operational and Security software/support for five (4) laptop computers = \$8,000.00 - Supplies (2 file cabinets, misc. supplies i.e. client files/folders, paper, etc. = \$8,800.00	26,400
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	1 Grants Compliance Officer (new) = \$36,086 salary + employ tax	36,086
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, 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?

No

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	The program will create eight (8) new jobs in the community, totaling: \$286,945.94 in salaries for the local economy.	The agency will publicly advertise each new position and will update its roster of employees as each new position is filled. Further, all employees, including each new hire, will possess a personnel file along with required financial disclosures and audits that will verify each

		employee's advertised pay.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Each participant of the program will participate in employment training and placement activity while enrolled. It is estimated that no less than 80% of the program's participants will benefit from employment training and/or placement while participating in the program.	Each program participant will receive documented individual screening to determine their economic status. Employment services assistance and the status of their progress while receiving employment assistance and the disposition of the participant at the close of their participation will be documented and summarized on a weekly/monthly/annual progress report and in consultation with any assigned probationary personnel.
<input checked="" type="checkbox"/> Reduce recidivism	Each program participant will receive empowerment counseling along with any court-ordered post-release instructions. As a result, it is estimated that a minimum of 80% of program participants will not re-offend within the grant year.	Each program participant will be monitored in and tracked in writing. If a participant re-offends during the grant year, this statistic will be clearly documented and quantified on a weekly, monthly and annual program report in consultation with any assigned probationary personnel.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Each eligible defendant who has a no more than 364 days remaining on their sentence, will be released from the correctional facility as an alternative to incarceration. Each defendant that is released to the program will represent a reduction of jail overcrowding and relief to the Criminal Justice System.	The participant's enrollment, progress, status and close out will be documented on a weekly, monthly and annual program report which will measure several outcomes to include successful enrollment into the program. Based on statistics from the Florida Department of Corrections, it costs \$49.49 a day to incarcerate a single offender. The program will

		enable the system to release offenders with 364 days remaining on their sentences x 100 participants, equaling \$1,801,436.00 annually
<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:	400,000	38.1%	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:	651,000	61.9%	Yes
5. Other:	0	0.0%	No
TOTAL	1,051,000	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