Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Virgil Hawkins Florida Chapter of the National Bar Association

 Date of Submission: <u>02/07/2017</u>
 House Member Sponsor: <u>Sean Shaw</u> Members Copied: <u>Joseph Abruzzo</u>

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:	(If app	Year Appropriat for FY 2016 ropriated in 2010 riated amount, e	6-17 enter the	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	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					150,000	150,000
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 Legal Affairs and Attorney General

- 6. Requester:
 - a. Name: Bruce Mount
 - b. Organization: Virgil Hawkins Florida Chapter of the National Bar Association
 - c. Email: Bamount@gmail.com
 d. Phone #: (407)434-0330
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: Bruce Mount
 - b. Organization: Virgil Hawkins Florida Chapter of the National Bar Association
 - c. Email: Bamount@gmail.com
 d. Phone #: (407)434-0330
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Yolanda Cash-Jackson
 - b. Firm: Becker Poliakoff
 - c. Email: Yjackson@becker-poliakoff.com
 - d. Phone #: (954)364-6059
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: Virgil Hawkins Florida Chapter of the National Bar Assoc.
 - b. County (County where funds are to be expended): Orange
 - c. Service Area (Counties being served by the service(s) provided with funding): Orange
- 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)
 - O Local Government

O Univer	sity or College		
Other	(Please describe)	Voluntary	y Bar Association

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

To provide legal services to homeless and indigent residents of Central Florida

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:		
□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	Salaries for 2 attorneys and 1 program assistant.	105,000
☑f. Expenses/Equipment/Travel/Supplies/Other	Funds in this category are used for supplies, training, travel, fees.	39,000
☑g. Consultants/Contracted Services/Study		6,000
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

	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. ed Capital Outlay? was not selected, question 13 is not applicable) N/A
14.	Is the project request an information technology project? No
	Is there any documented show of support for the requested project in the community including public hearings, letters of support, major canizational 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 ☐ Physically disabled ☐ Drug users (in health services) ☐ Preschool students ☐ Grade school students ☐ University/college 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		
□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 program creates 3 jobs (2	This program creates 3 jobs (2

	attorneys and 1 program assistant)	attorneys and 1 program assistant)
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□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): Volunteer Legal Services	This project seeks to promote volunteer legal services to indigent and homeless persons; and provide legal representation to assist traditionally underserved clients in matters related to, but not limited to, family law, housing, and domestic violence issues.	This project seeks to promote volunteer legal services to indigent and homeless persons; and provide legal representation to assist traditionally underserved clients in matters related to, but not limited to, family law, housing, and domestic violence issues.

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:	150,000	100.0%	N/A
2. Federal:	0	0.0%	No

3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No
Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	150,000	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 re-	guested after	2017-18 o	ver the next 5 v	vears $\widehat{:}$
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⊙<1M

O1-3M

O>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

O1 year

O2 years

O3 years

O4 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?.

Oongoing activity? no total cost

⊙<1M

O1-2M

O>2-3M

O>3-10M

O>10M