

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: YMCA of Central Florida After School Programs

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Jason Brodeur

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 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	F
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> <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:	500,000	1,000,000	1,500,000	500,000	1,000,000	1,500,000

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 Education

6. Requester:

- a. Name: Kimberlee Strong
- b. Organization: The YMCA of Central Florida
- c. Email: kstrong@cfymca.org
- d. Phone #: (407)619-1711

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

- a. Name: Kisha Queeley
- b. Organization: The YMCA of Central Florida
- c. Email: kqueeley@cfymca.org
- d. Phone #: (407)896-9220

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: YMCA of Central Florida
- b. County (County where funds are to be expended): Brevard, Osceola, Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Osceola, Seminole

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?

fund the YMCA of Central Florida After School Programs for Middle School students in 10 locations. The program will provide academic support along with choice-based club offerings in an effort to improve school-day attendance and GPA's while decreasing juvenile crime. Specifically, this program focuses on supporting the regular day school classes and increasing student achievement, while giving students a well-balanced schedule of enrichment activities.

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	Oversees entire program	40,065
<input checked="" type="checkbox"/> b. Other Salary and Benefits	(2) Program Directors (Operations and Site Visits) (1) Program Assistant (Enroll & maintain records and data collection)	134,958
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	ED/PD quality travel visits, overall Sr. Level Management support, Liability Insurance and Tech Support to maintain virtual server and troubleshoot any issues that may disrupt program services.	164,301
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	(20) Co-Coordinators (Run Program Daily at Each School) (100) Teachers/Co-Teachers (Run Club	669,766

	Options Each Day During Program)	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Computers and scanners needed to check students in daily to track attendance, 2-way communicator radios, printing and or marketing, curriculum and program supplies.	182,673
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	External Data Evaluation and Bus Transportation Home for Students	308,237
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

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?

Yes

15a. Please Describe:

Principal and School District Letters of Support.

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:

All outcomes are verified and reported by our external evaluator, Dr. Paul Rendulic (PerforMetrics).

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
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<input checked="" type="checkbox"/> Improve physical health	60 mins of physical activity during Summer Camp.	Minutes Tracking
<input checked="" type="checkbox"/> Improve mental health	Through physical activity and positive relationship building.	N/A
<input checked="" type="checkbox"/> Enrich cultural experience	Through service to schools with diverse and inclusive populations.	N/A
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	80% of students will earn a 2.0 or higher, or show improvement throughout year.	GPA Tracking
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	80% of students will not have initial or repeat involvement with the DJJ.	DJJ Tracking
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increased income for teachers/school staff who work for the YMCA of Central Florida.	Hourly Pay
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Teachers/school staff are hired through the YMCA of Central Florida, part-time.	Roughly 12 Positions at Each School
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increased income for teachers/school staff who work for the YMCA of Central Florida.	Hourly Pay

<input checked="" type="checkbox"/> Reduce recidivism	80% of students will not have initial or repeat involvement with the DJJ.	DJJ Tracking
<input checked="" type="checkbox"/> Reduce substance abuse	80% of students will not have initial or repeat involvement with the DJJ.	DJJ Tracking
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	80% of students will not have initial or repeat involvement with the DJJ.	DJJ Tracking
<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:	1,500,000	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	1,500,000	100%	
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20. Is this a multi-year project requiring funding from the state for more than one year?

No