

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: House of Hope - Behavioral Health Services and Operational Supplies

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Don Hahnfeldt

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:	A	B	C	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:					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 Children and Families

6. Requester:

- a. Name: Patricia O'Dell
- b. Organization: City of Hope International Inc d/b/a House of Hope
- c. Email: pat.hohfl@gmail.com
- d. Phone #: (352)750-0278

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

- a. Name: Patricia O'Dell
- b. Organization: City of Hope International Inc d/b/a House of Hope
- c. Email: pat.hohfl@gmail.com
- d. Phone #: (352)750-0278

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

- a. Name: Todd Lewis
- b. Firm: Lewis Consulting
- c. Email: lewisconsultingfl@gmail.com
- d. Phone #: (727)644-8448

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

- a. Name: City of Hope International Inc d/b/a House of Hope
- b. County (County where funds are to be expended): Citrus, Hernando, Lake, Marion
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Hernando, Lake, Marion, Sumter

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?

This funding will allow us to provide more and better services for the residents. This would include, paid staff as well as items which need to be purchased to operate more efficiently. The increases in the efficiency for House of Hope will allow us to treat more patients and allow them to overcome their addiction and return as productive members of society and become self sufficient.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Part time program director, part time licensed counselor payment of 2 staff 24 hours-7days a week	155,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	2 economical cars, 1 16 passenger van telephone system, tractor and equipment, commercial washer and dryer and vocational equipment	245,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

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?

Yes

15a. Please Describe:

250 private donors have raised over \$40,000 towards the operational expenses since April, 2016 (Donor names are confidential). Tickets to fundraising events are sold out. Letters of support have been received from individuals and business/organizations such as Hope Lutheran Church, Wildwood Soup Kitchen, Helping hands of New Covenant Methodist Church

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 checked="" type="checkbox"/> Improve physical health	Residents will be introduced to a drug free lifestyle. Routine medical care will be provided	Physician and Emergency room visits will be decreased.
<input checked="" type="checkbox"/> Improve mental health	Counseling sessions will be available as they transition to a drug free lifestyle	Instances of anger, depression and other issues will decrease. the need for medication will decrease
<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 checked="" type="checkbox"/> Improve transportation conditions	Safe, economical vehicles in good condition will be purchased	Residents will be transported in a timely manner and will be at appointments on time. The cost of operating and maintaining the vehicles will decrease.
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Residents will learn to operate a t-shirt business. They will learn printing, record keeping, interact with customers and otherwise be prepared for securing employment utilizing these skills	upon completion of the program, 100% of the residents will find employment. Follow-up calls will determine their employment status and success.
<input checked="" type="checkbox"/> Reduce recidivism	People who are able to get over addiction are less likely to end up in the criminal justice system	The amount of graduates that have successful futures and not reoffend
<input checked="" type="checkbox"/> Reduce substance abuse	Participation in the program will result in individuals achieving a drug free lifestyle	Completion of the program and drug free at quarterly follow ups. 90% of residents will have clean drug tests
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		

<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	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	Yes
TOTAL	400,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No