

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hosanna Community Foundation - Youth Achievement Coalition, Services to At-Risk Youth

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Cynthia Stafford

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:					455,928	455,928

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: Rev. Charles Lee Dinkins
- b. Organization: Hosanna Community Foundation, Inc.
- c. Email: revdink@bellsouth.net
- d. Phone #: (305)637-4404

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

- a. Name: Rev. Charles Lee Dinkins
- b. Organization: Hosanna Community Foundation, Inc.
- c. Email: revdink@bellsouth.net
- d. Phone #: (305)637-4404

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: Hosanna Community Foundation, 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?

This Youth Achievement Urban/Inner City collaborative focuses on using managed care tools to improve the system of care for children and families while demonstrating how a community Coalition can lead and support children and families while blending and braiding resources to effectively and efficiently implement the project.

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	Salary of Executive Director and Salary of Project Assistance	65,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel to CADCA trainings for four team members; 1) National Leadership Training, 1) Mid-Year Training and 1) 3 Week Coalition Academy training which is a three weeks	20,928
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Community-Based Research - Community that Care with the University of Miami Prevention Science Staff	50,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	4 Direct Service Provider sites of Youth and Family Services	300,000

	(Afterschool, Summer Camp, Mental Health Assessments and treatment and etc.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Program Supplies and youth field trips	20,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		455,928

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:

SAMHSA funded coalition component; Community meetings and recognition by community leadership in multi facets

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:

Yes, the Urban Partnership of Miami-Dade County Coalition has conducted a community survey that outlines indicators in the areas of 1) Substance Abuse, 2) Education, 3) Youth Violence 4) Mental Health and 5) Collective Efficacy. A 3rd party partners from the University of Miami is projected to conduct community study as well to identify community needs.

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): Community Based Agencies

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	Reduce Substance Abuse Improve educational performance	Education, afterschool/summer camp activities mental health assessment and treatment
<input checked="" type="checkbox"/> Improve mental health	detect need early in young people	assessment at program intake
<input checked="" type="checkbox"/> Enrich cultural experience	youth behavior in a social context	reduce anti-social behaviors - observations and assessments
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	improved school grades	academic assessments improve proficiency by 10%
<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.)	Reduce youth violence occurrences	reduce number of youth arrested for youth violence activities
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	improve social context	reduce encounter with justice system
<input checked="" type="checkbox"/> Reduce substance abuse	Reduce substance use among young people	Reduce the perception of harm among young people on marijuana and alcohol usage
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Improve protective factors in the	Reduce number of youth in local

	community	school with high absences
<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:	455,928	64.6%	N/A
2. Federal:	125,000	17.7%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	125,000	17.7%	Yes
TOTAL	705,928	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?

0<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