Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Expansion of Union Academy Neighborhood Center

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Chris Latvala

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:	(If app	Year Appropriat for FY 2016 propriated in 2010 priated 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 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:					600,000	600,000

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 Economic Opportunity

- 6. Requester:
 - a. Name: David Archie
 - b. Organization: Citizens Alliance for Progress, INC
 - c. Email: $\underline{\text{doarchie@verizon.net}}$
 - d. Phone #: (727)934-5881
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: David Archie
 - b. Organization: Citizens Alliance for Progress, INC
 - c. Email: doarchie@verizon.net
 - d. Phone #: (727)934-5881
- 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: Citizens Alliance for Progress, INC.
 - b. County (County where funds are to be expended): Pinellas
 - c. Service Area (Counties being served by the service(s) provided with funding): Pasco, Pinellas
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit

 - O Non Profit 501(c) (4)
 - O Local Government

0	Univer	sity or (College
0	Other	(Please	describe

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

The primary goal of this project is to expand the economic opportunity of residents in North Pinellas County. Even though this is primarily for North County residents, there will be individuals in Pasco County who will take advantage of the training facility as well, because of its location. The facility will be used by individuals, especially low to moderate income, in the North Pinellas County area. Most of these individuals, who lack transportation, will be given the ability to become job rea

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		
☐f. Expenses/Equipment/Travel/Supplies/Other		
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	The requested funds will be used to construct a multipurpose facility that will be used for training as well as	600,000

	preparing individuals for the workforce.	
TOTAL		600,000

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)

OFor Profit

⊙Non Profit 501(c) (3)

ONon Profit 501(c) (4)

OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

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:

There is a letter of support from Pinellas County Schools.

- 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:

This is an at risk area, economically and educationally. The need for additional facilities will help combat this problem. The Economic Impact of Poverty Report in 2010, took an economic approach to identify the relationship between County funding priorities and services and communities in need of additional resources and services. As a result of this analysis, five Zones within Pinellas County were identified as having high concentrations of poverty and a small return to the tax base. While the

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 s	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 expenditur	re of funds requested? (Select all that ap	plies)
	Benefit or Outcome	Provide a specific measure of the benefit	Describe the method for measuring leve
		or outcome	of benefit

□Improve physical health

□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
☑Improve quality of education	The number of participants that complete the training and job readiness programs.	Internal program records and survey of participants
□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		
☑Enhance specific individual?s economic self sufficiency	The number of job offers participants receive after program completion.	Survey of participants employed after program completion
□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):	

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:	600,000	66.7%	N/A
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	300,000	33.3%	No
5. Other:	0	0.0%	No
TOTAL	900,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$