

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: NAMI Hernando, Inc. / Vincent Academy of the Adventure Coast, Inc. - Life Skills Center

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Blaise Ingoglia

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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 |
| 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> | Additional Nonrecurring Request | TOTAL Nonrecurring Request <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: | | | | | 1,000,000 | 1,000,000 |

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. **Justice Administration**

6. Requester:

- a. Name: Bob Dillinger
- b. Organization: Public Defender, 6th Judicial Circuit
- c. Email: pd6@wearethehope.org
- d. Phone #: (727)464-6866

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

- a. Name: Bob Dillinger
- b. Organization: Public Defender, 6th Judicial Circuit
- c. Email: pd6@wearethehope.org
- d. Phone #: (727)464-6866

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: NAMI Hernando, Inc. / Vincent Academy of the Adventure Coast
- b. County (County where funds are to be expended): Hernando
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Hernando, Pasco, 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?

Building the NAMI Hernando, Inc. / Vincent Academy of the Adventure Coast, Inc. - Life Skills Center in Hernando County to serve citizens in Hernando, Pasco, Citrus, and Sumter. The Hernando County Board of County Commissioners donated 7 acres of land for the building (valued at \$500,000).

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 type="checkbox"/> e. Salaries and Benefits | | |
| <input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | construction of the building | 1,000,000 |
| TOTAL | | 1,000,000 |

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)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

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

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

Other (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:

At a public meeting of the Hernando County BOCC, public support of the need for mental health services in the region was shown and recognized. The Hernando County BOCC donated 7 acres of land for the building circa June 2016.

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:

The National Alliance for the Mental Ill (NAMI) has documented the need for mental health services throughout the state of Florida and particularly in Hernando, Pasco, Citrus, and Sumter Counties as their services are minimal.

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): Those with serious and persistent mental illness

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 | This is an expansion of the Pinellas and Sarasota "Recovery through Work" Program. Members in Pinellas earned over \$70,000 in 2016. Most were told they would never work due to mental illness. | Currently, the managing entity measures outcomes. |

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Improve mental health | see above | see above |
| <input type="checkbox"/> Enrich cultural experience | | |
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input checked="" type="checkbox"/> Improve quality of education | Many members have obtained their GED, college degrees, and even Ph.D. | diplomas |
| <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 type="checkbox"/> Improve transportation conditions | | |
| <input checked="" type="checkbox"/> Increase or improve economic activity | The "Recovery through Work" Program places seriously and persistently mentally ill clients back to work | employment data |
| <input type="checkbox"/> Increase tourism | | |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | The Pinellas Center members earned over \$750,000 in 2016, through real, gainful employment | employment data |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency | | |
| <input checked="" type="checkbox"/> Reduce recidivism | The experience in Pinellas was that incarceration and Baker Act involvement were significantly reduced (Sarasota opens in April 2017) | Members were at the center/facility and not incarcerated or hospitalized |
| <input checked="" type="checkbox"/> Reduce substance abuse | see above | see above |

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system | The experience in Pinellas was that incarceration, law enforcement involvement and Bake Act involvement were significantly reduced. | Members were at the center/facility and not incarcerated or hospitalized |
| <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: | 1,000,000 | 50.0% | 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: | 775,226 | 38.8% | Yes |
| 5. Other: | 224,773 | 11.2% | No |
| TOTAL | 1,999,999 | 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?

- <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