

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Here's Help - Health Education and Literacy Program (HELP)

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Jose Diaz

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
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:	200,000	300,000	500,000	200,000	100,000	300,000

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: John Kross
- b. Organization: Here's Help, Inc.
- c. Email: jkross@hereshelpinc.com
- d. Phone #: (305)525-1473

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

- a. Name: John Kross
- b. Organization: Here's Help, Inc.
- c. Email: jkross@hereshelpinc.com
- d. Phone #: (305)525-1473

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

- a. Name: Susan Goldstein
- b. Firm: Susan Goldstein Consulting, Inc.
- c. Email: skgoldstein@hotmail.com
- d. Phone #: (954)830-6300

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

- a. Name: Here's Help, 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): Broward, Miami-Dade, Monroe

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?

The funding will allow Here's Help to achieve its goal in assisting clients to become drug-free, law-abiding, independent and productive members of society through an array of educational certifications, health and wellness intervention, and activities that build professional skills, self-esteem and promote job readiness. Funding will pay for educational programming that will help us to achieve that goal.

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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Professional evaluation of the success of each educational program.	40,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Supplies for Culinary, Horticulture, Art, Music, Computer and sports programs.	48,460
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contractual instructors for Health, Wellness and Nutrition, Music, Art, Summer instruction, tutor, life-skills,	211,540

	values, physical program,s psychodrama, bio-feedback, physical education, culinary and horticulture.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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?

No

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	Physical education program to develop a test of students abilities at intake and 90 days later. Increase in skill test by 25% over 90 days.	Physical education instructor to develop basic skill assessment which may include push-ups, sit-ups, running. Testing will be performed at intake and 90 days. Results will be compared.
<input checked="" type="checkbox"/> Improve mental health	20% increase in students self esteem	Survey that tests student self esteem administered at intake and 90 days.
<input type="checkbox"/> Enrich cultural experience		

<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Horticulture program will grow food that can be consumed by the students. Production of edible foods.	A log will be kept and photo log maintained to document the success of the agriculture production.
<input checked="" type="checkbox"/> Improve quality of education	One grade point improvement from average grade point average prior to entering this program to three months after admission.	Teacher to obtain prior grades and compare to 90 day grades.
<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.)	Successful completion of the program. Students that complete the program have transitioned from an early life of crime and substance abuse to a drug free productive member of society.	Number of successful completions will be tracked by program staff. Completion of treatment goals and being substance free and employed or in education program.
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	70% of students will complete their educational or vocational courses. The educational programs offered provide the students with the skills needed to obtain a quality job.	Culinary and Horticulture instructors maintain tracking of the students successful job placements
<input checked="" type="checkbox"/> Reduce recidivism	Study to be conducted of previous recidivism rates and compared to six months post start of this project. Goal of 20% reduction.	Data of prior six months re-admissions to program will be compared with six month period after beginning of this project.

<input checked="" type="checkbox"/> Reduce substance abuse	70% reduction of substance abuse.	30 days pre-treatment compared to 90 days post discharge data.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	70% reduction of arrests	90 days pre-treatment arrest records compared to 90 days post discharge.
<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:	300,000	85.7%	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:	50,000	14.3%	Yes
TOTAL	350,000	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