

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Jesus Christ Arch Angels Liberty Square Sports, Education, Job & Wellness Program

2. Date of Submission: 11/10/2017

3. House Member Sponsor: Roy Hardemon

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, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		200,000	200,000		1,275,000	1,275,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Department of Education

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Goals and objectives will be monitored in order to show that our performance is satisfactory. If for some reason our performance is not satisfactory we will return the funds that were provided to us.

6. Requester:

- a. Name: Harry Reese
- b. Organization: Jesus Christ Arch Angels Liberty Square Sports, Education, Job & Wellness Program
- c. Email: harryreese949@gmail.com
- d. Phone #: (786)985-9864

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Harry Reese
- b. Organization: Jesus Christ Arch Angels Liberty Square Sports, Education, Job & Wellness Program
- c. Email: harryreese949@gmail.com
- d. Phone #: (786)985-9864

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Jesus Christ Arch Angels Liberty Square 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?

Providing services for the people in and around the community, giving children options to become physically fit, improve their education, and find jobs.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	PROGRAM DIRECTOR \$75,000 AND PROGRAM SUPERVISOR \$65,000	140,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	12 REC AIDES \$15,000 PER YEAR	180,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	OFFICE SUPPLIES - COMPUTERS FAX MACHINE PRINTER, COPY MACHINE, INTERNET, PAPER, INK, STAFF UNIFORMS	55,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	ONE CONSULTANT	35,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	THREE CERTIFIED TEACHERS \$45,000 EACH; PROGRAM INSURANCE \$25,000	160,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	TWO VANS TRANSPORTATION \$15,000 EACH; FIELD TRIPS AND FOOD PROGRAM \$35,000	65,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	ACCOUNTANT \$40,000; MAINTENANCE \$25,000;	600,000

	SECRETARY \$35,000; OFF THE STREETS AND ONTO A JOB YOUTH EMPLOYMENT PROGRAM (500 KIDS AT \$1,000 PER KID)	
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	PLANTING TREES AND BEAUTIFYING THE PARK	40,000
TOTAL		1,275,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- ☐ 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:

LIBERTY SQUARE COMMUNITY ADVISORY BOARD

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. What are the activities and services that will be provided to meet the purpose of the funds?

WE WILL BE SERVING CITIZENS THAT ARE MOSTLY TEENAGERS AND YOUTH ADULTS IN AND AROUND THE NEIGHBORING COMMUNITY BY PROVIDING THEM OPPORTUNITIES TO EMPLOY THEMSELVES WITH JOBS SUCH AS SUPERVISING CHILDREN, MAINTENANCE AROUND THE COMMUNITY, MAKE THEM AWARE OF BECOMING PHYSICALLY FIT, AND ALSO MAKE THEM AWARE OF IMPROVING THEIR MIND WITH COMPUTERS CLASSES, MATH, READING.

17b. Describe the direct services to be provided to the citizens by the funding requested.

WE WILL APPLY OUR SERVICES BY CREATING A PROGRAM CALLED "OFF THE STREETS AND ONTO A JOB" PROGRAM, PROVIDE NUTRITIOUS MEALS, EMPLOYMENT, FIELD TRIPS, SPORTS, TUTORING, ALSO AFTERSCHOOL TUTORING.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

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
- ☒ General (The majority of the funds will benefit no specific group)
- ☐ Other (Please describe)

17d. 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 each Benefit/Outcome 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	Challenging and using competition during sports such as football, basketball, cheerleading, physical fitness, and nutritious meals.	Pre test exams; post test exams; collecting report cards.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Computer classes, after-school tutoring, homework assistance, reading and math.	Pre test and post test exams and collecting report cards.
<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	Computer classes, field trips, homework assistance, tutoring,	Pre test and post test exams; collecting report cards and daily

	reading and math classes.	progress reports.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Off the Streets and Onto a Job Youth Program	Providing daily progress reports
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Off the Streets and Onto a Job Youth Program	Collecting and providing daily progress reports
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<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 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,275,000	100.0%	N/A
2. Federal:	0	0.0%	No

3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,275,000	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 2018-19 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

☐ 1-3M

☒ >3-10M

☐ >10M