

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Curley's House - Hunger & Homeless Initiative

2. Date of Submission: 11/09/2017

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? No

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?

c. Were the funds provided in the most recent fiscal year subsequently vetoed?

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:					275,000	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 Health

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

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 and tracked 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: Lavern Elie-Scott
- b. Organization: Curley's House of Style, Inc. & Hope Relief Food Bank
- c. Email: Curleyshouse6025@yahoo.com
- d. Phone #: (786)262-2851

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

- a. Name: Lavern Elie-Scott
- b. Organization: Curley's House of Style, Inc. & Hope Relief Food Bank
- c. Email: Curleyshouse6025@yahoo.com
- d. Phone #: (786)262-2851

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: Curley's House of Style Inc. & Hope Relief Food Bank
- b. County (County where funds are to be expended): Broward, Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, 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?

Our goal and purpose is to eradicate hunger (especially within our elderly population), homelessness, vagrancy, and all the negative ancillaries that accompany homelessness in Miami. In addition, we expect to stimulate the economy by creating new jobs through our private homeless facility shelter initiatives, while assisting homeless persons in becoming self-sufficient and productive members of our society.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Executive Director (\$35,000) Assistant Director (\$30,000) Warehouse Supervisor (\$25,000) Office Manager (\$20,000)	110,500
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Professional services, Attorney's Fees and stipends	67,500
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel expenses, hotel, car rental, fuel, air fare, supplies, insurance and misc. items	14,500
<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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Marketing and collaborative partner: Lysal Professional Marketing and Home Health Care Group, Inc. DBA	82,500

	the Lysal Group	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		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)

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:

At the Miami -Dade Legislative Delegation Public Hearing held at the FIU Law School on January 31, 2017, Senator Daphne Campbell and Hardemon, Stafford and McGhee all expressed their support. Miami Dade County, District 3 Comm. Edmonson and City of Miami, District 5, Comm. Keon Hardemon also have provided backing in the past to our organization and have expressed their support.

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?

Feeding the homeless and elderly persons in our community and to provide additional services that will allow theses persons to have a better quality of life.

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

The programs that will benefit from the funding will provide proper nutrition and medical services, that will hopefully allow the citizens to be productive members of our community.

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	With the assistance of the Lysal Group, once the individuals are off the street and house, each will be provided a health care assessment, evaluation, and a treatment plan by a licensed physician.	Screenings and assessments to track improvements; health records input into an Electronic Medical Records (ERM), which is web-based and is supervised by both medical and behavioral clinicians.
<input checked="" type="checkbox"/> Enrich cultural experience	Miami is a multi-cultural and diverse city, the demographics will have an opportunity to be placed in multicultural housing environment.	Electronic Medical Records (EMR) database will store all necessary information and documentation.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<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.)	Once an individual is off the street and inside a safe clean conducive environment, they would no longer be subject to harm and/or criminal activity.	Interview and track private shelter home facility operators.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Persons who qualify for social security benefits will now have a permanent address and can apply (or reapply) for benefits with the assistance and guidance of the	Contact the facility operator and track applications completed and persons assisted.

	shelter home staff.	
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Restart or apply for social security or assist in job searches.	Contact the facility operator and track application completed and persons assisted.
<input checked="" type="checkbox"/> Reduce recidivism	Provide support and social equity within their new home facility.	Track and review EMR.
<input checked="" type="checkbox"/> Reduce substance abuse	Individuals will be seen and treated regularly by licensed mental health therapists and substance abuse counselors.	Track and review EMR.
<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	275,000	100.0%	N/A

Project Request:			
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	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