Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Character Speaks Adult Reentry Program

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Clovis Watson

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:	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 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:					140,000	140,000	

- 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 Corrections
 - 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.
 - 50% of the students will gain employment within 4 weeks of completing the program

6. Requester: a. Name: Sammy Desai b. Organization: Character Speaks c. Email: characterspeaks@gmail.com d. Phone #: (312)317-1136 7. Contact for questions about specific technical or financial details about the project: a. Name: Sammy Desai b. Organization: Character Speaks c. Email: characterspeaks@gmail.com d. Phone #: (312)317-1136 8. Is there a registered lobbyist working to secure funding for this project? a. Name: Tom Griffin b. Firm: Smith, Bryan, & Myers c. Email: tgriffin@smithbryanandmyers d. Phone #: (850)224-5081 9. Organization or Name of entity receiving funds: a. Name: Character Speaks Adult Reentry Program b. County (County where funds are to be expended): Alachua, Columbia c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Columbia 10. What type of organization is the entity that will receive the funds? (Select one) O For Profit • Non Profit 501(c) (3) O Non Profit 501(c) (4) O Local Government O University or College O Other (Please describe)

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

Program is an interactive class focused on 100% successful job placement for state work release inmates.

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:		
☑a. Executive Director/Project Head Salary and Benefits	Executive Director	69,500
☑b. Other Salary and Benefits	Secretarial Position	18,000
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	2 teacher positions	41,400
☑f. Expenses/Equipment/Travel/Supplies/Other	Brochures, books and publications, folders, paper, pencils and pens, video equipment	11,100
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		140,000

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)

14.	Is the project request an information technology project? No
	Is there any documented show of support for the requested project in the community including public hearings, letters of support, major anizational backing, or other expressions of support? Yes
	15a. Please Describe: Support letters have come from Senator Keith Perry, Bridges International, Gainesville Mayor Ed Braddy and others.
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: Findings by the Florida Legislature and the Department of Corrections have documented the need to provide job placement services for inmates. Without a job, inmates released from prison are much more likely to recidivate at a great cost to taxpayers.
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? Academic classes throughout the year to gain and sustain employment.
	17b. Describe the direct services to be provided to the citizens by the funding requested. Role play program, teaches students to interact with employers and fellow colleagues. Resume building, mock interviews, etc.
	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)						
	O< 25 O25-50 O51-100 O101-200 O201-400 @401-800 O>800						
18.	What benefits or outcomes will be realized by the expenditur						
	Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit				
	□Improve physical health						
	□Improve mental health						
	□Enrich cultural experience						
	□Improve agricultural production/promotion/education						

☐Improve quality of education

□Enhance/preserve/improve environmental or fish and wildlife quality		
☑Protect the general public from harm (environmental, criminal, etc.)	The program is designed to get inmates employed which makes them much less likely to commit more crimes	Measured by the employment success rate plus recidivism rates as tracked by the Florida Department of Corrections.
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
□Create specific immediate job opportunities		
☑Enhance specific individual's economic self sufficiency	They have a job.	Employment success rate
☑Reduce recidivism	Unemployment and homeless are directly tied to recidivism.	Recidivism rate of participants as track by FDC.
☑Reduce substance abuse	employed individuals have peer influence, especially Those working at a drug free workplace, and motivation to keep their job	Tracking those in the program over time.
□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):		
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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?
Amount Requested from the State in this Appropriations Project Request:	140,000	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	140,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? Yes

20a	How much	state fundin	g would he	requested	after 20	018-19 d	over the ne	ext 5 v	ears?
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- **⊙**<1M
- O1-3M
- O>3-10M
- O>10M

20b. How many additional years of state support do you expect to need for this project?

- O1 year
- O2 years
- O3 years
- O4 years
- **⊙**>= 5 years

20c. What is the total project cos	st for all years including all federal, local, state, and any other funds? Select the single answer which besi
describes the total project cost.	If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

Oongoing activity – no total cost

⊙<1M

O1-3M

O>3-10M

O>10M