

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Helping Hands Youth Center Service to At Risk Youth

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:					370,000	370,000

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 Children and Families

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.

Helping Hands Youth Center has never failed to meet deliverables of performance measures.

6. Requester:

- a. Name: Sheila Richardson
- b. Organization: Helping Hands Youth Center, Inc.
- c. Email: srindia15@aol.com
- d. Phone #: (305)788-6394

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

- a. Name: Charles Brown
- b. Organization: Helping Hands Youth Center, Inc.
- c. Email: cbrow200@yahoo.com
- d. Phone #: (786)877-4056

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: Helping Hands Youth Center, 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?

Helping Hands Youth Center is specifically designed to address the academic failure and anti-social behavior of at risk youth with Miami-Dade County and Liberty Square residing in neighborhoods with a high concentration of delinquent youth. Youth will be provided strategies to increase both academic performance and social skills, thereby decreasing the likelihood of delinquent behavior. Helping Hands Youth programs will implement year round after-school and recreation services for youth.

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	Salaries will be used to hire a full time Director, Assistant Director and Secretary	125,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Program Insurance, Health insurance, Life Insurance , and part time salaries for 4 Rec Leaders and CPA Account	110,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Program supplies, program uniforms and equipment, program snacks, program transportation, program field trips, officials fees, program office supplies, telephone, storage, program games, program cable service, program dues, program trophies, catering service.	75,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	DCS mentoring program and officials	60,000
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 type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		370,000

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:

Liberty Square 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?

Yes

16a. Please Describe:

The City of Miami and Miami-Dade County

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?

HHYC will implement year round after-school and recreational services for at risk youth of low income families.

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

HHYC direct services will include after-school, homework assistance, computer lab, tutoring, physical wellness activities and recreational activities, field trips, football, cheerleader, basketball, baseball and summer camp.

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	Through sports component which consists of: August-December football, cheerleading, basketball, and flag football.	Pre and Post Exams/Tests and collecting youth 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	January - December: Homework Assistance, Tutoring, Computer Lab and Mentor program.	Pre and Post Exams/Tests and collecting youth reports 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	January-March: Homework Assistance, tutoring, computer lab, recreational activities, mentor program, basketball, spring camp, homework assistance, reading, baseball, summer camp, flag football, field trips, winter camp, football, cheerleading, homework assistance, award ceremony.	Pre and Post Exams/Tests and collecting youth reports cards.

<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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:	370,000	81.8%	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:	82,425	18.2%	Yes

5. Other:	0	0.0%	No
TOTAL	452,425	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