

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Empowerment Academy Veterans Residential Housing

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Kimberly Daniels

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:					200,000	200,000

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 Veterans Affairs

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.

If deliverables are not satisfactorily met, the agency will develop a corrective action plan with specific actions and dates by which remedies will be carried out.

6. Requester:

- a. Name: Sonia Roberts
- b. Organization: Empowerment Academy, Inc
- c. Email: saroberts@empowermentacademyinc.org
- d. Phone #: (904)683-1029

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

- a. Name: Sonia Roberts
- b. Organization: Empowerment Academy, Inc
- c. Email: saroberts@empowermentacademyinc.org
- d. Phone #: (904)683-1029

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: Empowerment Academy, Inc
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Duval

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?

Funds will be used for the purpose of rehabilitating the primary residential homes of United States Veterans who are in need of assistance and are living in Duval County, Florida. Rehabilitation performed using these funds will be expended with the goal of improving the life, living conditions, health, safety, and/or well-being of active duty, retired, disabled, or otherwise discharged Veterans under conditions other than dishonorable.

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	Salary will be used for a Program Administrator. Duties include: Program development and Implementation; Oversee project including, but not limited to, ensuring proper permitting, monitoring progress, meeting with recipients of services, hiring and monitoring rehabilitation team, and providing project data.	26,580
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salary will be used to hire a part-time Administrative Assistant to serve as clerical support to the Program Administrator	10,620
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		

<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Funds will be used to promote the program and advertise program availability; bid notices and bid advertising	1,300
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Work with Veterans to coordinate home inspections, determine renovation needs, create scope of work for each home, coordinate services, and ensure compliance.	7,500
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Funds will be used for the purpose of all construction rehabilitation related costs and fees including construction materials and supplies, permits, inspections fees.	154,000
TOTAL		200,000

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:

EA, Inc has received a tremendous show of support for this project. In an effort to determine the community's need for this project, EA staff met with members of Jacksonville's City Council, the Jacksonville Brotherhood of Firefighters, and other community based organizations. This assortment of agencies have their hands on the pulse of Duval County and strongly support our initiative to serve the members of our community who have served and protected our great country. JBOF Members Meeting, CO

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 Florida Housing Coalition commissioned and authored the 2017 "Home Matters" report. The document paints a clear picture of the large number of homeless and "housing cost burdened households" that saturate Florida. The FHC reveals that veterans are amongst Florida's "most vulnerable residents" in need of housing aid.

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?

Services provided to recipients will be aimed at improving their household living conditions through construction rehabilitation that increase energy efficiency, provide needed westernization updates, improve interior/exterior blight, improve health and safety concerns, and decrease housing code violations. Inspections will be conducted to determine specific needs.

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

Veterans who are chosen as project recipients will receive needed residential rehabilitation services determined through home inspections.

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): Veterans

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 type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		

<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<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	Modified HUD Self-Sufficiency Matrix	Clients will complete the matrix before and after services to determine the extent of, if any, economic self-sufficiency improvement. Items are measured on a Liker-type scale of 1-5, with 1 being the lowest and 5 being the highest.
<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 checked="" type="checkbox"/> Other (Please describe): Decreased housing cost burden	Energy-efficiency and home maintenance	At 6m follow-up, clients will self-report lowered home costs connected to renovations. Energy ratings for materials used will also be compared to replaced materials.

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:	200,000	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
<b>TOTAL</b>	<b>200,000</b>	<b>100%</b>	

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

No