

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Disaster Housing Solution - Emergency Care Help Organization, Inc.

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Holly Raschein

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:					2,850,000	2,850,000

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? Executive Office of the Governor

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.

Revocation of funds.

6. Requester:

- a. Name: Freddy Branham
- b. Organization: Emergency Care Help Organization, Inc.
- c. Email: fbranham@echotlh.org
- d. Phone #: (850)224-3246

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

- a. Name: Freddy Branham
- b. Organization: Emergency Care Help Organization, Inc.
- c. Email: fbranham@echotlh.org
- d. Phone #: (850)224-3246

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

- a. Name: Sarah Busk
- b. Firm: The Advocacy Group at Cardenas Partners
- c. Email: sjb@cardenaspartners.com
- d. Phone #: (850)222-8900

9. Organization or Name of entity receiving funds:

- a. Name: Emergency Care Help Organization, Inc.
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide, Monroe

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?

Under Emergency Assistance, we are requesting approval of a housing pilot program that would provide 30 affordable, immediate and resilient temporary and or permanent housing to the citizens of Monroe County. Each unit can house a family of 5. This pilot program will be run in conjunction with other traditional FEMA housing alternatives. The program would represent an exception to FEMA's existing authority under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act)

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<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 type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	30 turn key units including installation and transportation.	2,850,000
TOTAL		2,850,000

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:

Need for housing in Monroe County for residents whose homes were damaged/destroyed by Hurricane Irma.

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?

The purpose of this request is to 1) provide immediate, temporary and/or potentially permanent housing options for installation of approximately 30 disaster housing units for eligible families in Monroe County, FL. that were displaced by Hurricane Irma and, 2) obtain approval on a statewide pilot housing program that implements an alternative, innovative disaster housing solution to be run in conjunction with other traditional FEMA housing alternatives.

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

The pilot program would include installation of approximately 30 units of cartridge homes located in Monroe County, FL. A disaster cartridge home is a pre-manufactured solution that can be installed in hours rather than weeks or months by traditional construction

methods, and meets or exceeds local building codes and base flood elevation requirements. The homes would be installed above the required base flood elevation (BFE) of the selected area.

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): Approximately 30 units will be provided to eligible families displaced by Hurricane Irma.

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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Provide shelter for families whose homes were badly damaged or destroyed by Hurricane Irma.	Number of families provided with a roof over their heads.
<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 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 checked="" type="checkbox"/> Other (Please describe): Provide immediate disaster housing solution.	To provide a faster, cost efficient and innovative housing solution that provides disaster-displaced families an innovative, safe, and sanitary home to return to, speeding up their "return to normalcy", eliminating unnecessary emotional distress, and allowing them an opportunity to return to economic self-sufficiency.	The benefit is measured by the completion of the installed housing unit(s) , the legal occupancy by eligible families, the quick project turn-time, and the satisfied occupants/citizens.

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:	2,850,000	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	2,850,000	100%	

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

No