

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: AMKids Apprenticeship and Job Placement Program

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Bobby Payne

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:					2,650,000	2,650,000

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 Juvenile Justice

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.

Financial consequences shall be assessed for non-compliance or non-performance for specified contractual infractions.

6. Requester:

- a. Name: Mike Thornton
- b. Organization: AMIkids
- c. Email: mat@amikids.org
- d. Phone #: (813)477-4853

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

- a. Name: Mike Thornton
- b. Organization: AMIkids
- c. Email: mat@amikids.org
- d. Phone #: (813)477-4853

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

- a. Name: Tara Reid
- b. Firm: Straegos Public Affairs
- c. Email: treid@strategosgroup.com
- d. Phone #: (386)530-0426

9. Organization or Name of entity receiving funds:

- a. Name: AMIkids
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

AMIkids Apprenticeship and Job Placement Program will create community hiring partnerships, resume and interview services, mentoring, and career coaching. Our aim is to give students an opportunity to find meaningful career options that prepare them to make better choices and contribute to the community. The overall goals of the program are improving academic outcomes, increasing job readiness skills, and reducing the risk of recidivism. Our goal is to provide workplace readiness skills.

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 checked="" type="checkbox"/> b. Other Salary and Benefits	Back office functions to include direct support for payroll, regional management, IT, accounting support, and other corporate level functions including research	764,724
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel to support 15 programs, vocational supplies	71,583
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	7 Career Coordinators, 1 GED Instructor, 7 Vocational Instructors, 15 Job Recruiters	1,560,812
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Student transportation (transporting students to/from home, to job interviews, and to community service), Repairs and maintenance,	252,881

	Rentals (facility lease for after school vocational program), Communications (telephone and postage), Instructional supplies for program sites, Public utility services (water, sewage, garbage), Energy Service (electricity), Custodial supplies	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,650,000

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?

No

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?

No

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
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<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Number of students who earn additional course credits, GEDs, and diplomas	Education Assessments including STAR Renaissance Learning, Credits earned, GED/HS Diplomas, vocational certifications
<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.)	Increase school attendance for court involved youth	Decrease truancy among at-risk youth enrolled in the program
<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	Increase the number of students leaving the program with a GED or HS diploma	Follow up services provided through AMI tracking students post-graduation
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Increase the number of youth actively attending school and reducing	AMIkids is required to submit program data to the Florida Department of Juvenile Justice so

	involvement in criminal offenses	that DJJ can track offenders who are placed in residential and diversion program
<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:	2,650,000	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	2,650,000	100%	

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

No