



Health Care Appropriations Subcommittee

**Wednesday, December 06, 2017
10:30 A.M. - 12:30 P.M.
Sumner Hall (404 HOB)**

MEETING PACKET



**The Florida House of Representatives
Appropriations Committee
Health Care Appropriations Subcommittee**

**Richard Corcoran
Speaker**

**Jason Brodeur
Chair**

Agenda

Wednesday, December 06, 2017

10:30 a.m. – 12:30 p.m.

Sumner Hall (404 HOB)

- I. **Call to Order/Roll Call**
- II. **Opening Remarks**
- III. **Consideration of the following bill(s):**
 - HB 2085 The Drug Abuse Comprehensive Coordinating Office - Zero Exposure Newborn Program by Toledo
 - HB 2113 Family First/All Pro Dad Adoption Promotion Services by Spano
 - HB 2127 Clay Behavioral Health-Crisis Prevention Team by Cummings
 - HB 2139 Auditory Oral Early Intervention Project for Children with Hearing Loss Ages Birth Through Two by Cummings

- HB 2213 Five Star Veterans Center Homeless Housing and Re-integration Project by Byrd
- HB 2219 Doctors Memorial Hospital – Substance Abuse Treatment Services by Drake
- HB 2251 Children's Community Action Team - Halifax Health-Volusia/Flagler by Santiago
- HB 2293 Northside Mental Health Center - Crisis Stabilization Unit by Toledo
- HB 2309 Apalachee Center Community Action Team by Beshears
- HB 2313 Life Management Center of Northwest Florida - Forensic Florida Assertive Community Treatment Team by Trumbull
- HB 2345 BayCare Behavioral Health - Veterans Intervention Program by Burgess
- HB 2353 Urban Communities Child Welfare Initiative (UCCW) by Antone
- HB 2435 The Transition House Inc. Homeless Veterans Program by La Rosa
- HB 2479 Veterans of Foreign Wars, Department of Florida by Latvala
- HB 2565 Alzheimer's Memory Mobile by Plakon
- HB 2567 The Kathleen Anderson Comprehensive Work Center – Operation G.R.O.W. by Plakon
- HB 2799 MC Veterans Helping Veterans, Inc. -Training Veterans for Success by McClain

IV. Presentation of the Governor's Recommended Budget for Fiscal Year 2018-19

- Overview, Mary Beth Vickers, Policy Coordinator
Health and Human Services, Office of Policy and Budget
- Justin Senior, Secretary
Agency for Health Care Administration

- Mike Carroll, Secretary
Department of Children and Families
- Jeffrey S. Bragg, Secretary
Department of Elder Affairs
- Barbara Palmer, Director
Agency for Persons with Disabilities
- Dr. Celeste Philip, MD, MPH, Surgeon General
Department of Health
- Mary Beth Vickers, Policy Coordinator
Health and Human Services, Office of Policy and Budget
Department of Veterans Affairs

V. Closing Remarks/Adjournment

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Drug Abuse Comprehensive Coordinating Office - Zero Exposure Newborn Program
2. Date of Submission: 10/18/2017
3. House Member Sponsor: Jackie Toledo
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
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:					250,000	250,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes
 - 5a. If yes, which state agency? Department of Children and Families
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 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.
Billing based on services provided.

6. Requester:

- a. Name: Mary Lynn Ulrey, MS, ARNP, CEO
- b. Organization: DACCO Behavioral Health, Inc.
- c. Email: marylynnu@dacco.org
- d. Phone #: (813)384-4200

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

- a. Name: Mary Lynn Ulrey, MS, ARNP, CEO
- b. Organization: DACCO Behavioral Health, Inc.
- c. Email: marylynnu@dacco.org
- d. Phone #: (813)384-4200

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

- a. Name: Jan Gorrie
- b. Firm: Ballard Partners
- c. Email: jan@ballardfl.com
- d. Phone #: (813)334-5288

9. Organization or Name of entity receiving funds:

- a. Name: DACCO Behavioral Health, Inc.
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough, Polk

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?

Substance abuse among pregnant women is a substantial problem. Our program identifies and provides immediate wrap-around services to pregnant women in need of substance abuse treatment, thereby increasing the number of healthy, substance-free deliveries born in Florida. The Zero Exposure Newborn Program (ZENP) fills in the gap of pregnant women's funding by providing extensive outreach services. ZENP pro-actively addresses issues cited in the US Surgeon General's report on Alcohol, Drugs & Heal

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	\$250,000 for various substance abuse treatment services to pregnant and post-partum women	250,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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:

ZENP is supported by multiple community resources including Healthy Start of Hillsborough County, Tampa General Hospital, St. Joseph's Womens Hospital (Baycare System) and ReachUp, Inc. to increase the number of healthy, substance-free babies born.

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?

To provide all levels of care of substance abuse services to pregnant-substance abusing women.

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

The program will provide the direct services of intensive case management, outreach and residential treatment beds to remove barriers. Activities include extensive outreach activities, wrap-around services, transportation, coordination of care with OBGYN offices, parenting and prenatal education, outpatient, medication-assisted treatment, case management, day treatment, recovery support and treatment beds in a therapeutic community model.

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): Pregnant substance using women

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	At least 75% of women will attend routine prenatal care as prescribed by a physician. 85% will complete substance abuse treatment or remain engaged after delivery	Prenatal appointments tracked, logged maintained by program. 5-1/2 lbs birth weights, term deliveries

<input checked="" type="checkbox"/> Improve mental health	Edinburgh Postnatal Depression Scale and documented referral	At least 80% of minimum 100 women scoring 12 or above on Edinburgh Postnatal Depression Scale will be linked to mental health services.
<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 checked="" type="checkbox"/> Improve transportation conditions	Number of pregnant women transported to community appointments and services	Program staff will transport clients to prenatal appointments and community services. As indicated, a bus pass can be provided.
<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 checked="" type="checkbox"/> Reduce substance abuse	At least 90% of ZENP babies will be born substance-free	Birth outcomes from hospital discharge records. OBGYN records or client clinical records.
<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:	250,000	27.5%	N/A
2. Federal:	446,789	49.1%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	213,773	23.5%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	910,562	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 The Drug Abuse Comprehensive Coordinating Office -
 4 Zero Exposure Newborn Program; providing an
 5 appropriation; providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. The Drug Abuse Comprehensive Coordinating
 10 Office - Zero Exposure Newborn Program is an Appropriations
 11 Project as defined in The Rules of The Florida House of
 12 Representatives and is described in Appropriations Project
 13 Request 63, herein incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$250,000 from the General Revenue Fund is appropriated to the
 16 Department of Children and Families to fund The Drug Abuse
 17 Comprehensive Coordinating Office - Zero Exposure Newborn
 18 Program as described in Appropriations Project Request 63.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: Family First/All Pro Dad Adoption Promotion Services
- 2. Date of Submission: 10/25/2017
- 3. House Member Sponsor: Ross Spano
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		475,000	475,000		475,000	475,000

- 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? 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 the Provider fails to perform in accordance with this Contract or perform the minimum level of service required by this Contract, the Department will apply financial consequences as provided for in Section 6.1.

6. Requester:

- a. Name: George Woods
- b. Organization: Family First
- c. Email: george@familyfirst.net
- d. Phone #: (813)363-4277

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

- a. Name: George Woods
- b. Organization: Family First
- c. Email: george@familyfirst.net
- d. Phone #: (813)363-4277

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

- a. Name: Eric Prutsman
- b. Firm: Prutsman & Associates, P.A.
- c. Email: eric@prutsmanlaw.com
- d. Phone #: (850)894-6601

9. Organization or Name of entity receiving funds:

- a. Name: Family First
- 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?

The purpose of the initiative is twofold ? first, to increase the number of Florida families who foster/adopt, and secondly, recognize existing Florida families who foster/adopt. The Initiative will consist of a statewide program with TV, radio, outdoor, public relations, op-eds, digital advertising, and grassroots events to encourage families to take the next step and learn more about fostering and adoption. All Pro Dad?s National Spokesman Tony Dungy will be featured in the initiative.

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 checked="" type="checkbox"/> e. Salaries and Benefits	Includes Salary and Benefits (based on % of staff time working on project)	136,991
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Includes Advertising, Resources and Overhead Expenses; Office Lease, Telephone, Internet, Copier Maintenance and Computer Maintenance. (based on % of Overhead Expenses calculated on staff % of time allocated to project)	147,511
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Includes consultant costs for Public	190,498

	Relations, Production, Graphics Design, Ad Placement, Project Consultant, Writer, Website Campaign landing page design and creation and Research Firm.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		475,000

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:

Organizations that will support the efforts of the initiative include The Florida Coalition for Children, the Florida State Foster/Adoptive Association, Clear Channel Outdoor, OUTFRONT Media, Lamar Outdoor, The Tampa Bay Buccaneers, Jacksonville Jaguars, the National PTA (we are a partner program), and the athletic departments of Florida State University, the University of Florida and the University of Miami.

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:

According to data from the Florida Department of Families & Children, as of December 2016, there are 2,239 children currently in residential group care facilities around the state (versus being placed in Foster Care), and as of January 2017, there are 2,961 children available for adoption.

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?

We will recruit new families and also celebrate current families in the system. In addition to the statewide recruitment campaign, we will highlight the everyday heroes who are currently foster and adoptive families. Also, each month Coach Dungy will promote Coach's Kids of the Month to highlight current children available, by region, for adoption. And the initiative will be promoted around the state through our 273 in-school All Pro Dad's Day monthly breakfast chapters in 99 cities.

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

Increasing the pool of foster and adoptive homes around the state.

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): Families

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	Track awareness, impressions, Foster Family leads and Adoptions	Focus Groups, email surveys and Rapid Response surveys
<input checked="" type="checkbox"/> Improve mental health	Track awareness, impressions, Foster Family leads and Adoptions	Focus Groups, email surveys and Rapid Response surveys
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Track awareness, impressions, Foster Family leads and Adoptions	Focus Groups, email surveys and Rapid Response surveys
<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.)	Track awareness, impressions, Foster Family leads and Adoptions	Focus Groups, email surveys and Rapid Response surveys
<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 checked="" type="checkbox"/> Reduce substance abuse	Track awareness, impressions, Foster Family leads and Adoptions	Focus Groups, email surveys and Rapid Response surveys
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Track awareness, impressions, Foster Family leads and Adoptions	Focus Groups, email surveys and Rapid Response surveys
<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): Strengthen Families	Track awareness, impressions, Foster Family leads and Adoptions	Focus Groups, email surveys and Rapid Response surveys

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:	475,000	50.0%	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:	475,000	50.0%	No
TOTAL	950,000	100%	

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

No

HB 2113

2018

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Family First/All Pro Dad Adoption Promotion Services;
4 providing an appropriation; providing an effective
5 date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. Family First/All Pro Dad Adoption Promotion
10 Services is an Appropriations Project as defined in The Rules of
11 The Florida House of Representatives and is described in
12 Appropriations Project Request 128, herein incorporated by
13 reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$475,000 from the General Revenue Fund is appropriated to the
16 Department of Children and Families to fund the Family First/All
17 Pro Dad Adoption Promotion Services as described in
18 Appropriations Project Request 128.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Clay Behavioral Health-Crisis Prevention Team
2. Date of Submission: 10/27/2017
3. House Member Sponsor: W. Cummings
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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:		300,000	300,000		300,000	300,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes
 - 5a. If yes, which state agency? Department of Children and Families
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 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.
Failure to meet performance measures or contract deliverables will result in corrective action plans and/or financial penalties.

6. Requester:

- a. Name: Irene M. Toto, LMHC
- b. Organization: Clay Behavioral Health Center, Inc.
- c. Email: itoto@theigd.org
- d. Phone #: (904)278-5644

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

- a. Name: Irene M. Toto, LMHC
- b. Organization: Clay Behavioral Health Center, Inc.
- c. Email: itoto@theigd.org
- d. Phone #: (904)278-5644

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: Clay Behavioral Health Center, Inc.
- b. County (County where funds are to be expended): Clay
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Bradford, Clay, Duval, Putnam, St. Johns

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?

Project provides increased access to services to priority populations as defined in F.S. 394.674, and fits with the statewide effort to keep individuals with severe mental illnesses in the community as the Olmstead Act requires. Services are cost effective and efficient. Early access to care in a mental health crisis reduces the need for more costly and intensive services. Providing services to substance abusing parents helps maintain families and keeps children safe

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	.50 Crisis Alternative Program Manager - to provide supervision, recruitment as needed, and to coordinate training to program staff.	22,991
<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 checked="" type="checkbox"/> e. Salaries and Benefits	1.0 FTE Crisis Alternative Program Coordinator, 1.0 FTE Family Intervention Specialist, 4.40 FTE Diversion Specialists - Coordinator will be responsible for the operations of the facility including the management of all staff and the provision of adequate care to all residents. The Diversion Specialists will provide direct care to the residents of the facility. The Family	221,628

	Intervention Specialist will provide assessments and case management.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	These expenses include building occupancy, communications, local travel, out of town travel for staff to attend annual conference, office supplies, client food for 24 hour crisis facility, client incidentals, and liability insurance.	55,381
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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:

Clay County Community Health Improvement Plan annual review meeting - May 17, 2017. Clay County Community Health Improvement Plan Mental Health work group - September 19, 2017.

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 2016 Community Health Improvement Plan completed by the Health Planning Council of NE FL and the FL Dept of Health in Clay County identified 3 priority health issues in the County. These include Mental Health, Healthcare Access & Healthy Behavior & Prevention. This project clearly addresses 2 if not 3 of the issues and is supported by the ongoing community mental health work-group.

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 model is recovery based and utilizes evidence based practices. Direct services include individual and group therapy, case management, family intervention and 24-hour crisis intervention. Expedited access to psychiatric and primary care treatment. Support services and ongoing supervision in a community setting. Access to clinical staff and peer support. Ongoing advocacy, progress monitoring and linkage to community resources.

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

Citizens served by this project receive recovery based services through evidence based practices. Direct services include individual and group counseling, case management, family intervention and 24-hour intervention and crisis support. Individuals served have expedited access to psychiatric and primary care treatment. Services are available in a home like community setting with ongoing support. Persons served have access to clinical staff and peer support specialists, as well as a client ru

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	100% of referrals to the Community Crisis Prevention Team will be screened to insure primary care needs are being met and appropriate referrals will be made as indicated.	Screening forms to be reviewed, referrals tracked and results reported via quarterly report.
<input checked="" type="checkbox"/> Improve mental health	95% of Individuals receiving services will not require a higher level of care with 30 days of admission to Community Crisis Prevention Team services.	All individuals receiving services will be tracked and utilization of services will be monitored. Quarterly reports will be documented.
<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 type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	98% of individuals referred to services will successfully engage in treatment services.	All individuals referred for services will be tracked and engagement in treatment services will be monitored and documented in quarterly reports.
<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:	300,000	96.5%	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:	10,978	3.5%	Yes
5. Other:	0	0.0%	No
TOTAL	310,978	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Clay Behavioral Health-Crisis Prevention Team;
 4 providing an appropriation; providing an effective
 5 date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Clay Behavioral Health-Crisis Prevention Team
 10 is an Appropriations Project as defined in The Rules of The
 11 Florida House of Representatives and is described in
 12 Appropriations Project Request 141, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$300,000 from the General Revenue Fund is appropriated to the
 16 Department of Children and Families to fund the Clay Behavioral
 17 Health-Crisis Prevention Team as described in Appropriations
 18 Project Request 141.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Auditory Oral Early Intervention Project for Children with Hearing Loss Ages Birth Through Two
2. Date of Submission: 10/30/2017
3. House Member Sponsor: W. Cummings
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		500,000	500,000		875,000	875,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes
 - 5a. If yes, which state agency? Department of Health
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 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.
We anticipate meeting/exceeding all deliverables and performance measures provided in the contract.

6. Requester:

- a. Name: Terri Fisk
- b. Organization: Florida Coalition for Spoken Language Options
- c. Email: tfisk@deafkidscan.org
- d. Phone #: (706)941-2194

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

- a. Name: Theresa Bulger
- b. Organization: Florida Coalition for Spoken Language Options
- c. Email: Bulger12@yahoo.com/tb@deafkidscan.org
- d. Phone #: (904)880-9063

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

- a. Name: Theresa Bulger
- b. Firm: Florida Coalition for Spoken Language Options
- c. Email: Bulger12@yahoo.com/tb@deafkidscan.org
- d. Phone #: (904)880-9063

9. Organization or Name of entity receiving funds:

- a. Name: Sertoma Speech & Hearing Foundation of Florida, Inc.
- b. County (County where funds are to be expended): Pasco
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Brevard, Broward, Citrus, Clay, Columbia, Duval, Escambia, Hamilton, Hernando, Miami-Dade, Monroe, Palm Beach

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?

The goal of the program is to expand access to audiology services and screenings in rural and underserved areas, and to provide local access to high-quality auditory-oral early intervention services for children who are deaf ages birth to three who reside in the State of Florida to facilitate the development of foundational listening and spoken language skills so that every child with hearing loss has the opportunity to learn to listen and talk

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	Project Head will oversee grant activities throughout Florida with collaborative partners as well as provide direct services. A significant portion of this individual's time and a com	20,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Staff will compile data, coordinate services for families, schedule appointments, assist with enrollment, and reports.	10,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Supplies required include office supplies, workshop materials, and printing supplies as well as travel among grant sites throughout Florida.	5,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Consultants and contracted staff are required to compile and review outcome data.	5,000
Operational Costs:		

<input checked="" type="checkbox"/> e. Salaries and Benefits	The program will require early intervention faculty and therapists including speech-language pathologists, teachers of the deaf, and audiologists with listening and spoken language expertise to provide direct services to infants, toddlers, and their families.	815,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	To provide services to children in rural areas, funding is required for providers to travel to meet with families and other providers who are working with the families. In addition, natural environment services require providers to travel to meet the needs of families to provide services. Supplies required include early intervention, therapy, and hearing screening materials.	20,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		875,000

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:

Letters of support will be provided from Florida parent and professional organizations that support auditory-oral intervention for infants and toddlers. The Florida Coalition comprises nine such organizations. Parents, professionals, and community members have demonstrated their support at county delegation meetings, personal visits and testimony at legislative hearings, and have written hundreds of letters of support.

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?

Activities and services that will be provided for eligible children will include hearing screenings, evaluations, auditory-verbal and LSLS therapy, parent-infant and toddler groups, and tele-therapy, as well as parent/professional training and mentoring about listening and spoken language development and technology such as cochlear implants and hearing aids.

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

Direct services will be provided by audiologists, OAE screeners, SLP's and highly qualified Listening and Spoken Language Specialists to children with hearing loss ages birth to three in individual and small group listening and spoken language sessions, toddler groups, tele-therapy sessions, hearing screenings, evaluations, and parent/professional training and coaching sessions.

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): Infants and toddlers with sensorineural hearing loss ages birth through two using an auditory-oral i

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	Project will measure outcomes for a minimum of 900 children in the following areas: Age appropriate speech and language development. Hearing levels to determine access to sound. Developmental levels including cognition, social-emotional, gross and fine motor skills.	Formal standardized testing will be used to track children?s speech, vocabulary, and developmental skills every 6 months. This is to ensure that the appropriate rate of progress is made to catch up and keep up with their hearing peers. Example tests: REEL, PLS, CELF, ROWPVT, EOWPVT & E-LAP.

<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 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):		
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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?
1. Amount Requested from the State in this Appropriations Project Request:	875,000	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	875,000	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Auditory Oral Early Intervention Project for Children
 4 with Hearing Loss Ages Birth Through Two; providing an
 5 appropriation; providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Auditory Oral Early Intervention Project for
 10 Children with Hearing Loss Ages Birth Through Two is an
 11 Appropriations Project as defined in The Rules of The Florida
 12 House of Representatives and is described in Appropriations
 13 Project Request 147, herein incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$875,000 from the General Revenue Fund is appropriated to the
 16 Department of Health to fund the Auditory Oral Early
 17 Intervention Project for Children with Hearing Loss Ages Birth
 18 Through Two as described in Appropriations Project Request 147.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Five Star Veterans Center Homeless Housing and Re-integration Project
2. Date of Submission: 10/26/2017
3. House Member Sponsor: Cord Byrd
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					796,250	796,250

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? 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.

Penalty - Metric shortfalls require action plans and reporting updates to meet deliverable/ target metrics.

Metrics:

Number of veterans served (200 veterans supported per month)

Number of veterans and family members served (250 veterans and family supported/ month)

Number of meals provided(150 meals per month)

Number of hours of support for veteran services(650 hours of VSO support)

Number of Mental (Health) Wellness events/ veterans served (Number of therapy sessions and engagement events)

6. Requester:

a. Name: Francis Loving

b. Organization: Five Star Veterans

c. Email: Len.Loving@5starveteranscenter.org

d. Phone #: (904)723-5950

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

a. Name: Dayton Warfle

b. Organization: Five Star Veterans Center

c. Email: dayton.warfle@5starveteranscenter.org

d. Phone #: (904)723-5950

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

a. Name: Marty Fiorentino

b. Firm: The Fiorentino Group

c. Email: TMF@TheFiorentinoGroup.com

d. Phone #: (904)358-2757

9. Organization or Name of entity receiving funds:

a. Name: Five Star Veterans Center

b. County (County where funds are to be expended): Duval

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?

The main goals are to help homeless or displaced veterans who are dealing with Post Traumatic Stress or Traumatic Brain Injury and other behavior health issues. The goal is to achieve greater self-determination, improved residential stability, and increased income and/or job skills, through individual Passport to Independence long-term execution plans developed for each veteran.

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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Equipment and Program materials supplies and equipment to support the passport to Independence program. Assessment materials, tracking support projections and printing materials/equipment.	30,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Partial Funding supporting one (1) Project Manager ? leads the centers efforts and guides the staff to meet all	136,250

	homeless veterans? needs. One (1) FTE Residential Case Manager ? facilitates the achievement of client wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, and service facilitation. One (1) Full time Registered Mental Health Intern ? provide evidenced-based treatment interventions, including: Trauma-Focused Cognitive Processing	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Program Residential Living Expenses (35) residents - Includes the cost of three meals per day, housing, and program activities. Behavioral Health Assessment Instruments to capture veteran?s baseline symptoms and monitor progress in addressing them	630,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		796,250

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:

Director, Veterans and Military Affairs, 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:

An outside audit team has reviewed the financial status annually. Recommendation is to maintain a sustaining funding stream to support additional funding from Foundations requiring it.

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?

Five STAR Veterans Center is Northeast Florida's only Veterans Housing Community for homeless or displaced veterans, and the first facility in Florida that focuses solely on these men and women.

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

Housing Services: Shelter, safety, three meals a day, hygiene supplies, clothing, and Life Skills classes. On-Site Job Center: Access to computers, Internet, email, etc. Employment services including, vocational guidance, job readiness skills, computer familiarity, computer-assisted job search, Internet and email guidance, resume development, and job referrals and coaching.

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 checked="" type="checkbox"/> Improve physical health	100% of residents will create a care plan for improving their physical health and wellbeing, i.e., smoking cessation, reduced alcohol/substance use, tackling obesity, improved levels of physical activity, improved sexual/reproductive health, improved dental/oral health. 80% of residents will show improvement in their physical health and wellbeing, as	Residential Case Manager will use a person centered approach to assess each resident's current physical health; help residents identify key goals and aspirations, setting dates/times that are realistic and manageable for achieving goals; Work in a person centered, integrated, holistic way to implement the plan of care, continually

	detailed in the individual care plan.	encouraging residents to take care of their physical health, and; Monitor and review progress with the individual and refine and adjust care plans if necessary
<input checked="" type="checkbox"/> Improve mental health	100% of residents will be assessed for behavioral/mental health issues 80% of residents will show improvement in their behavioral health, as detailed in their individual care plan.	Residential Case Manager will use a person centered approach to assess each resident's current physical health; help residents identify key goals and aspirations, setting dates/times that are realistic and manageable for achieving goals; Work in a person centered, integrated, holistic way to implement the plan of care, continually encouraging residents to take care of their physical health, and; Monitor and review progress with the individual and refine and adjust care plans if necessary
<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	100% of residents will be assessed to ensure they are receiving the government benefits they are entitled to. 100% of those not receiving the benefits to which they are entitled will be connected to those resources. 60% of residents who are unemployed will enter into job training programs or employment. 40% of residents will use the education track then focus on employment. 100% will receive training in budgeting and money management	Residential Case Manager will assess each resident's benefits, employability skills, financial literacy skills, etc.; help residents identify key goals and aspirations, setting dates/times that are realistic and manageable for achieving goals; Work in a person centered, integrated, holistic way to implement the plan of care, continually encouraging residents to access available benefits, participate in training and open/contribute to a savings account,
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	80% of residents will live a sober and drug-free while residing at the Five STAR Veterans Center; 75% of graduates will maintain a sober/drug-free life one year post services.	Residents will attend sobriety support meetings at the Center and/or in the Community; random and observed drug and alcohol testing will be administered by Center staff. Follow-up services are provided to successful graduates, including sobriety support meetings and drug/alcohol testing.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	90% of Veterans Treatment Court (VTC) program men/women referred to Five STAR Veterans Center will successfully complete the program, avoiding a prison sentence.	Working with the VTC program team, the Residential Case Manager/Mental Health Counselors will assist residents in complying with VTC requirements, ensuring completion of

		the treatment plan, attending court appearances, drug/alcohol testing, linkage to vocational training, education and/or job placement services, support of a veteran peer mentor, compliance with medical and other personal appointments/needs. Progress will be monitored weekly.
<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): Improve Self-Determination	100% of residents will actively participate in case management services, including the development of a treatment service plan which will address the goals of residential stability, increased skill and/ or income levels and greater self-determination. 100% of residents will receive social coping skills training, including anger management, assertiveness, stress management and conflict resolution 80% of residents will be linked with a strong social support system	Residential Case Manager/Mental Health Counselors will use a person centered approach to assess each resident's skill levels, coping skills, etc.; help residents identify key goals and aspirations, setting dates/times that are realistic and manageable for achieving goals; Work in a person centered, integrated, holistic way to implement the plan of care, continually encouraging residents to participate in training activities and help link residents with a mentor/support system; Monitor and review

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:	796,250	57.7%	N/A
2. Federal:	60,000	4.3%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	50,000	3.6%	Yes
4. Local:	424,896	30.8%	Yes
5. Other:	50,000	3.6%	Yes
TOTAL	1,381,146	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

HB 2213

2018

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Five Star Veterans Center Homeless Housing and Re-
4 integration Project; providing an appropriation;
5 providing an effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. Five Star Veterans Center Homeless Housing and
10 Re-integration Project is an Appropriations Project as defined
11 in The Rules of The Florida House of Representatives and is
12 described in Appropriations Project Request 129, herein
13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$796,250 from the General Revenue Fund is appropriated to the
16 Department of Veterans Affairs to fund the Five Star Veterans
17 Center Homeless Housing and Re-integration Project as described
18 in Appropriations Project Request 129.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Doctors Memorial Hospital - Substance Abuse Treatment Services
2. Date of Submission: 10/13/2017
3. House Member Sponsor: Brad Drake
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:					499,998	499,998

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? 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.
Established by the Department

6. Requester:

- a. Name: JoAnn Baker
- b. Organization: Doctors Memorial Hospital
- c. Email: Joann.baker@doctorsmemorial.org
- d. Phone #: (850)487-8001

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

- a. Name: Bryan Cherry
- b. Organization: PinPoint Results
- c. Email: bryan@pinpointresults.com
- d. Phone #: (850)544-5673

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

- a. Name: Bryan Cherry
- b. Firm: PinPoint Results
- c. Email: bryan@pinpointresults.com
- d. Phone #: (850)544-5673

9. Organization or Name of entity receiving funds:

- a. Name: Doctors Memorial Hospital, Bonifay
- b. County (County where funds are to be expended): Holmes
- c. Service Area (Counties being served by the service(s) provided with funding): Bay, Calhoun, Franklin, Holmes, Jackson, Okaloosa, Walton, Washington

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) Hospital

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

Provide medical stabilization (detox) services in underserved rural counties by licensed physicians to uninsured patients who are suffering from alcohol, opiate, and/or benzo addiction. This treatment program has a 73% success rate with patients not being readmitted for drug addiction services since its inception at Doctors Memorial Hospital in August 2014. One hundred percent of funds will be used to provide medical stabilization/detox to 11 patients monthly who are suffering from addiction.

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 checked="" type="checkbox"/> e. Salaries and Benefits	Nursing Staff/Medical Stabilization	275,054
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Special Care Monthly Contracted Services	224,944
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		499,998

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:

Support for funding in general for the opiate crisis has been supported by the Governor, DCF, and many governing bodies across the state and county.

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:

Support for funding in general for the opiate crisis has been well document in the Governor's LBR, DCF's LBR, as well as studies across the nation.

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?

Medical stabilization services and activities.

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

100% of funds will be used to provide medical stabilization to 11 uninsured patients monthly who are suffering from addiction. The service accepts adults, who are experiencing acute withdrawal symptoms from certain drugs. The service consists of a medically supervised hospital stay for inpatient stabilization that typically lasts three days. Inpatient stay includes: Pre-Screening, Assessment, Admission, Medical Stabilization, Discharge Planning.

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): Drug Addiction is non-discriminating based on race, age, gender or other.

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	No longer addicted to drugs.	Relapse success rate.
<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.)	No longer addicted to drugs.	Relapse success rate.
<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	No longer addicted to drugs.	Relapse success rate.
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	No longer addicted to drugs.	Relapse success rate.
<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:	499,998	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	499,998	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

HB 2219

2018

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Doctors Memorial Hospital - Substance Abuse Treatment
4 Services; providing an appropriation; providing an
5 effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. Doctors Memorial Hospital - Substance Abuse
10 Treatment Services is an Appropriations Project as defined in
11 The Rules of The Florida House of Representatives and is
12 described in Appropriations Project Request 52, herein
13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$499,998 from the General Revenue Fund is appropriated to the
16 Department of Children and Families to fund the Doctors Memorial
17 Hospital - Substance Abuse Treatment Services as described in
18 Appropriations Project Request 52.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Children's Community Action Team - Halifax Health-Volusia/Flagler
2. Date of Submission: 10/31/2017
3. House Member Sponsor: David Santiago
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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:		750,000	750,000		750,000	750,000

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? 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.
Children's Community Action Team - Halifax Health-Volusia/Flagler

6. Requester:

- a. Name: James Terry
- b. Organization: Halifax Behavioral Services
- c. Email: james.terry@halifax.org
- d. Phone #: (386)425-4648

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

- a. Name: James Terry
- b. Organization: Halifax Behavioral Services
- c. Email: james.terry@halifax.org
- d. Phone #: (386)425-4648

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

- a. Name: Darrick McGhee
- b. Firm: Johnson and Blanton
- c. Email: darrick@teamjb.com
- d. Phone #: (850)321-6489

9. Organization or Name of entity receiving funds:

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

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) Health Care Taxing District/Public Hospital

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

Keep families intact for children and youth with serious behavioral health disorders at risk of placement in costly out-of-home care in the child welfare, juvenile justice and mental health systems.

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	Team Leader/Program Administrator	56,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Support Staff	34,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	10% administrative fee for Lutheran Services, the managing entity for DCF	75,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Clinicians 2 FTE, Psychiatrist .25FTE, RN .5FTE, Case Manager, Mentors and Administrative Support	368,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel, equipment, supplies, other	192,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Purchase of non-traditional supportive services	25,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

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:

Letters of support can be made available.

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?

Continuance of the Children's Community Action Team - Halifax Health Volusia/Flagler which includes case management, therapy, medical services, mentoring, patient advocacy and family advocacy.

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

Integrated service delivery that utilizes a team approach (mental health therapist, psychiatrist or advanced registered nurse practitioner, registered or licensed nurse, case manager, therapeutic mentor, etc.) to comprehensively meet the needs of the youth and their family.

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	65% of young enrolled people will improve their level of functioning. A minimum of 65% of enrolled young people will be diverted from out-of-	Child functional scale if under 18. Functional Rating Scale if over 18. Actual percentage of youth diverted from placement in child welfare, juvenile or criminal justice or

	home placement.	residential care.
<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 type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	65% of young enrolled people will improve their level of functioning. A minimum of 65% of enrolled young people will be diverted from out-of-home placement.	Child functional scale if under 18. Functional Rating Scale if over 18. Percentage of children diverted from out-of-home placement.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	65% of young enrolled people will improve their level of functioning. A minimum of 65% of enrolled young people will be diverted from out-of-home placement.	Child functional scale if under 18. Functional Rating Scale if over 18. Percentage of children diverted from out-of-home placement.

<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): Additional Outcomes	Enrolled young people will attend a minimum of 80% of school days.	School attendance records. Measured by Parent Stress Index, 4th edition for children <12. Measured by Stress Index for Parents of Adolescents age 13 and older. Measured by actual days in the community.

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:	750,000	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	750,000	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Children's Community Action Team - Halifax Health-
 4 Volusia/Flagler; providing an appropriation; providing
 5 an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:
 8

9 Section 1. Children's Community Action Team - Halifax
 10 Health-Volusia/Flagler is an Appropriations Project as defined
 11 in The Rules of The Florida House of Representatives and is
 12 described in Appropriations Project Request 179, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$750,000 from the General Revenue Fund is appropriated to the
 16 Department of Children and Families to fund the Children's
 17 Community Action Team - Halifax Health-Volusia/Flagler as
 18 described in Appropriations Project Request 179.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Northside Mental Health Center - Crisis Stabilization Unit
2. Date of Submission: 11/06/2017
3. House Member Sponsor: Jackie Toledo
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		275,000	275,000		550,000	550,000

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? 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.

Northside Mental Health Center has worked with our Managing Entity (ME) and the Department of Children and Families (DCF) during the current year to ensure the current funding meets the required goals of the contract and brings value back to the community. We would work directly with the ME and DCF going forward to ensure any necessary penalties are added to the contract to achieve the expected performance measures.

6. Requester:

- a. Name: Elaine Churton
- b. Organization: Northside Mental Health Center
- c. Email: Elaine.Churton@northsidemh.org
- d. Phone #: (813)977-8700

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

- a. Name: Latoya Miller Francis
- b. Organization: Northside Mental Health Center
- c. Email: L.Miller-Francis@northsidemh.org
- d. Phone #: (813)977-8700

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

- a. Name: Ron Pierce
- b. Firm: RSA Consulting Group, LLC
- c. Email: ron@rsaconsultinglic.com
- d. Phone #: (813)788-5578

9. Organization or Name of entity receiving funds:

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

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?

Northside Mental Health Center is requesting funding for additional purchased beds allowing the adult mental health crisis stabilization program to continue to admit uninsured or underinsured individuals needing short-term acute mental health crisis stabilization and concurrently continuing to have beds occupied by individuals awaiting state hospital transfers.

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 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 checked="" type="checkbox"/> e. Salaries and Benefits	Psychiatrist, Nurse, Mental Health Technicians, Case Managers/Discharge Planners, Program Manager, Pharmacist	420,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Patient meals, laundry services, program supplies	130,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		550,000

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:

Managing Entity - Central Florida Behavioral Health Network Letter of Support

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 state funds will be used to add five (5) additional adult mental health crisis stabilization beds to continue admitting individuals needing short-term crisis stabilization and concurrently reducing the need to have individuals admitted to the state hospital. Purchasing additional beds will allow the community crisis stabilization unit to fulfill the demand for crisis stabilization in Hillsborough County and provide access to a full continuum of services in their community thus preventing th

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

Northside Mental Health Center will provide adult mental health short-term crisis stabilization services to those individuals who are experiencing an acute psychiatric crisis and in immediate need of acute in-patient short-term stabilization services.

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 type="checkbox"/> Improve physical health		

<input checked="" type="checkbox"/> Improve mental health	Rapid Access to Care	Increase numbers served for adult individuals needing acute mental health in-patient crisis stabilization
<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 type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Reduce recidivism through readmission rate	10% reduction for three (3) or more acute care admissions within 180 days
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Divert from State Hospital (criminal) through Wait List	20% reduction in State Hospital admissions
<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:	550,000	81.3%	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:	126,500	18.7%	No
TOTAL	676,500	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Northside Mental Health Center - Crisis Stabilization
 4 Unit; providing an appropriation; providing an
 5 effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Northside Mental Health Center - Crisis
 10 Stabilization Unit is an Appropriations Project as defined in
 11 The Rules of The Florida House of Representatives and is
 12 described in Appropriations Project Request 242, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$550,000 from the General Revenue Fund is appropriated to the
 16 Department of Children and Families to fund the Northside Mental
 17 Health Center - Crisis Stabilization Unit as described in
 18 Appropriations Project Request 242.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Apalachee Center Community Action Team
2. Date of Submission: 10/25/2017
3. House Member Sponsor: Halsey Beshears
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		750,000	750,000		750,000	750,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes
 - 5a. If yes, which state agency? Department of Children and Families
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 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.
Requirement for corrective action.

6. Requester:

- a. Name: Jay Reeve Ph.D, CEO
- b. Organization: Apalachee Center, Inc.
- c. Email: jayr@apalacheecenter.org
- d. Phone #: (850)523-3213

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

- a. Name: Jay Reeve Ph.D, CEO
- b. Organization: Apalachee Center, Inc.
- c. Email: jayr@apalacheecenter.org
- d. Phone #: (850)523-3213

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

- a. Name: Adam Roberts
- b. Firm: GMA, Inc.
- c. Email: adam@gmalobby.com
- d. Phone #: (850)591-9293

9. Organization or Name of entity receiving funds:

- a. Name: Apalachee Center, Inc.
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Gadsden, Leon, Wakulla

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?

Reducing the number of high-risk youth within the child welfare and community populations who require inpatient hospitalization or out-of-home placement.

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	Non-direct service staff (eg, HR, IT, ACC)	52,500
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Operating expense (eg., utilities, supplies)	22,500
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Direct Service Staff (eg., MD/ARNPs, Case Managers, Therapist)	508,482
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Operating expense (eg, utilities, supplies)	166,518
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

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:

Contained in DCF LBR for past several years, that CAT team in Leon, Wakulla, & Gadsden Counties was proposed & promoted by local officials including Big Bend Community Based Care, Inc. & DCF's Regional & Central Office.

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?

Apalachee Center will continue to operate an intensive, in-home child & family psychiatric treatment team. Clients & families in this program receive intensive services including psychosocial assessment, psychiatric evaluation, medication mgmt where indicated, skill building groups, case mgmt, & where indicated, family & individual psychotherapy.

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

Apalachee Center will provide intensive in-home child & family psychiatric & psychotherapeutic treatment. Clients & families in this program receive intensive services including psychosocial assessment, psychiatric evaluation, medical mgmt where indicated, skill building groups, case mgmt, & where indicated, family & individual psychotherapy. Thirty-five youth & their families will be served during the contract year.

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	School attendance; Symptom Improvement; Maintenance in least	80% or higher school attendance; 80% or higher improvement on

	restrictive setting.	FARS/ CFARS; 90% or higher maintenance in least restrictive setting.
<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 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:	750,000	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	750,000	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

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A bill to be entitled
An act relating to the Appropriations Project titled
Apalachee Center Community Action Team; providing an
appropriation; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Apalachee Center Community Action Team is an Appropriations Project as defined in The Rules of The Florida House of Representatives and is described in Appropriations Project Request 117, herein incorporated by reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum of \$750,000 from the General Revenue Fund is appropriated to the Department of Children and Families to fund the Apalachee Center Community Action Team as described in Appropriations Project Request 117.

Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Life Management Center of Northwest Florida - Forensic Florida Assertive Community Treatment Team
2. Date of Submission: 11/06/2017
3. House Member Sponsor: Jay Trumbull
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,400,000	1,400,000

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.
Loss of funding

6. Requester:

- a. Name: Edwin Ailes
- b. Organization: Life Management Center of Northwest Florida, Inc.
- c. Email: nailes@lmccares.org
- d. Phone #: (850)522-4485

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

- a. Name: Edwin Ailes
- b. Organization: Life Management Center of Northwest Florida, Inc.
- c. Email: nailes@lmccares.org
- d. Phone #: (850)522-4485

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

- a. Name: Larry Overton
- b. Firm: Larry J. Overton & Associates
- c. Email: Loverton@loverton.net
- d. Phone #: (850)224-2859

9. Organization or Name of entity receiving funds:

- a. Name: Life Management Center of Northwest Florida, Inc.
- b. County (County where funds are to be expended): Bay
- c. Service Area (Counties being served by the service(s) provided with funding): Bay

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?

Forensic F.A.C.T. strives to lessen or eliminate the debilitating symptoms of mental illness/substance use. Goals are as follows: divert persons from the criminal justice system and prevent incarceration; divert individuals from State hospitalization and prevent re-institutionalization; facilitate information among treatment providers, courts, law enforcement and families; establish employment; improve social role functioning; and provide for persons to live independently in their communities.

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 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 checked="" type="checkbox"/> e. Salaries and Benefits	Mental Health Professionals	985,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel, medications, short-term housing	415,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,400,000

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:

Expressions of support from the Bay County Sheriff's Department; Circuit Judges of the 14th Judicial Circuit; Big Bend Community Based Care and the Bay County Commission via Resolution No. 3486 dated October 17, 2017, which also includes \$140,000 County matching funds.

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?

Services will be provided by a multidisciplinary team with training in psychiatry, nursing, counseling, substance abuse treatment and vocational rehabilitation.

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

Psychiatry, nursing, counseling, substance abuse treatment and vocational support through a mobile treatment team.

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 checked="" type="checkbox"/> Improve physical health	Establish preventative primary care	Data from medical records
<input checked="" type="checkbox"/> Improve mental health	Decrease disabling symptoms. Decrease psychiatric hospitalization	Psychiatric rating scale Total days in community
<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.)	Decrease criminal events	Data from court record
<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 days worked	Maintain frequency data
<input checked="" type="checkbox"/> Reduce recidivism	Decrease days in jail	Maintain frequency data
<input checked="" type="checkbox"/> Reduce substance abuse	Increase abstinence rates	Observation and lab results
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Decrease criminal events	Data from court record
<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:	1,400,000	90.9%	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:	140,000	9.1%	Yes
5. Other:	0	0.0%	No
TOTAL	1,540,000	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Life Management Center of Northwest Florida - Forensic
 4 Florida Assertive Community Treatment Team; providing
 5 an appropriation; providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:
 8

9 Section 1. Life Management Center of Northwest Florida -
 10 Forensic Florida Assertive Community Treatment Team is an
 11 Appropriations Project as defined in The Rules of The Florida
 12 House of Representatives and is described in Appropriations
 13 Project Request 238, herein incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$1,400,000 from the General Revenue Fund is appropriated to
 16 the Department of Children and Families to fund the Life
 17 Management Center of Northwest Florida - Forensic Florida
 18 Assertive Community Treatment Team as described in
 19 Appropriations Project Request 238.

20 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: BayCare Behavioral Health - Veterans Intervention Program

2. Date of Submission: 10/20/2017

3. House Member Sponsor: Daniel Burgess

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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:		485,000	485,000		485,000	485,000

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.

BayCare Behavioral Health has worked with our Managing Entity (ME) and the Department of Children and Families (DCF) during the current year to ensure the current funding meets the required goals of the contract and brings value back to the community. We would work directly with the ME and DCF going forward to ensure any necessary penalties are added to the contract to achieve the expected performance measures.

6. Requester:

- a. Name: Gail Ryder
- b. Organization: BayCare Behavioral Health
- c. Email: Gail.Ryder@baycare.org
- d. Phone #: (727)841-4200

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

- a. Name: Debbie Antioco
- b. Organization: BayCare Behavioral Health
- c. Email: Deborah.Antioco@baycare.org
- d. Phone #: (727)841-4200

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

- a. Name: Eric Prutsman
- b. Firm: Prutsman & Associates, P.A.
- c. Email: Eric@prutsmanlaw.com
- d. Phone #: (850)895-6601

9. Organization or Name of entity receiving funds:

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

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?

The Veterans Intervention Program (VIP) offers direct clinical services through solution-focused outpatient counseling and residential co-occurring treatment, a high demand and service gap for Veterans. Veteran Peer Navigators would assist with linking to community resources and the VA; engage individuals and families in a social support network; link to financial assistance, employment, housing or other identified needs; and access support funds to alleviate barriers to treatment.

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 checked="" type="checkbox"/> e. Salaries and Benefits	Project Oversight, Program Coordinator, Care Navigators, Finance, Grants, Clinical Management and Administrative Support	165,392
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Medical Supplies, Office Supplies, Stand Down Supplies, Purchased Services, Utilities, Mileage, Veteran Resource Building Repair,	76,674

	Depreciation, Facilities, HIM, Marketing, Compliance and Risk	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Support Funds, Residential and Detox	242,934
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		485,000

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:

Letters of support from Veterans impacted by this program

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?

VIP provides personalized and specialized outreach, information and referral services, peer navigation and behavioral health services for veterans and their family members. VIP provides direct services through solution-focused outpatient counseling, detoxification and

residential co-occurring treatment, which is in high demand and an identified service gap for Veterans. Peer Navigators will coach, navigate and provide direct outpatient behavioral services to Veterans and their families by outli

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

Through VIP, BayCare will provide case management, outpatient counseling, co-occurring residential treatment, inpatient detoxification, support funds and assist with linking Veterans and/or their family members to services that are appropriate to their needs.

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 and their families included in the above target populations

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	Care coordinator	100% of Veterans linked to a Primary Care Physician
<input checked="" type="checkbox"/> Improve mental health	Rapid access to care	95% of Veterans and/or family members initiated into treatment within five (5) days of completed assessment
<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.)	Arrest rates	15% change in the number of Veterans and/or family members admitted to residential or outpatient treatment arrested 30 days prior to admission versus 30 days prior to discharge
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Stable housing	90% of Veterans and/or family members who live in Stable Housing
<input type="checkbox"/> Increase tourism		

<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Readmission Rate	90% of Veterans and/or family members not readmitted to detoxification within 30 days of discharge
<input checked="" type="checkbox"/> Reduce substance abuse	Successful Completion Treatment	51% of Veterans and/or family members who successfully complete residential or outpatient treatment
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Arrest Rates	15% change in the number of Veterans and/or family members admitted to residential or outpatient treatment arrested 30 days prior to admission versus 30 days prior to discharge
<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:	485,000	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	485,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 BayCare Behavioral Health - Veterans Intervention
 4 Program; providing an appropriation; providing an
 5 effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. BayCare Behavioral Health - Veterans
 10 Intervention Program is an Appropriations Project as defined in
 11 The Rules of The Florida House of Representatives and is
 12 described in Appropriations Project Request 78, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$485,000 from the General Revenue Fund is appropriated to the
 16 Department of Children and Families to fund the BayCare
 17 Behavioral Health - Veterans Intervention Program as described
 18 in Appropriations Project Request 78.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Urban Communities Child Welfare Initiative (UCCW)
2. Date of Submission: 10/26/2017
3. House Member Sponsor: Bruce Antone
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					400,000	400,000

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.
Graduated prorated contract reduction amount based on factors directly related to provider deliverables performance.

6. Requester:

- a. Name: Rod Love
- b. Organization: Florida Economic Consortium on Violence & Crime, Inc.
- c. Email: comsg@comsg.net
- d. Phone #: (407)494-2406

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

- a. Name: Rod Love
- b. Organization: Florida Economic Consortium on Violence & Crime, Inc.
- c. Email: comsg@comsg.net
- d. Phone #: (407)494-2406

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: Florida Economic Consortium on Violence & Crime, Inc.
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Orange

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?

Measurable outcome returns will increase foster care home capacity in urban communities, improved outcomes of children in the child welfare system, better preparedness of youth aging out of the foster care system, improved interventions to prevent delinquency involvement of dependent youth and diagnosis and treatment services for children suffering from PTSD as a result of witnessing violence in the home and community due to a high prevalence of violence in slum & blighted communities.

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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Appropriation resources will be utilized for expense equipment, travel and supplies critical to accomplishing essential service delivery in the administration of achieving measurable outcomes.	2,400
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Appropriation funding will be utilized in the administration and fidelity of contracted services as a cost effective alternative to the expending limited resources in administering the mandatory state regulatory contract obligations.	40,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Appropriation resources will be utilized for expense equipment, travel and supplies critical to accomplishing essential service delivery in the administration of achieving measurable outcomes.	22,375
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Appropriation funding will be utilized in the category of contracted services as a cost effective alternative to expending limited resources in the delivery of human resources services, thus increasing the number of recipient services.	335,225
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

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:

Documented Community Task Force hearings (6) months, Central Florida (Orange County) Legislative Delegation, print and TV evidence of Task Force's community based intervention, multiple law enforcement agencies support, faith and community leaders support as well as congressional support.

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:

Center for American Progress - Addressing Urban Poverty in America Must Remain a Priority ~ supporting multi-jurisdictional planning efforts to integrate housing, land use, economic and workforce development, transportation, and infrastructure investments, by leveraging resources & aligning policy goals.

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?

Community development capacity of eligible foster homes and community based capacity to provide supports of job development, mentoring, internships, delinquency interventions and a respite judicial bridge for "Lock Out" dependency/delinquency cases for youth aging out of child welfare.

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

Services will include direct and collateral youth case load management, interventions and preventive support as well as foster care home capacity development. Educational and counseling services will be administered based upon individual needs assessment as well as foster case asset and risk management reviews.

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): Hard to place youth whom hail from "Slum & Blighted" communities which have limited foster care capa

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	The measurable outcome benefit will be the health/wellness contributing factors of expensive healthcare via cost avoidance or cost mitigation.	Client survey methodology will be utilized to measure actual outcomes as well as utilization of survey technology instruments in addition to an independent program evaluation.
<input checked="" type="checkbox"/> Improve mental health	Early identification of mental health service needs via case management service engagement with school, community and family.	Method to determine benefit of service will be through the utilization of survey, educational report documentation, i.e., grades, behavior and attendance and ancillary support entities.
<input checked="" type="checkbox"/> Enrich cultural experience	The measurable outcome benefit will be monitored by the number of	Client survey methodology will be utilized to measure actual outcomes

	individuals served and correlated with academic performance via cost avoidance or cost mitigation of delinquency and/or child welfare.	as well as utilization of survey technology instruments in addition to an independent program evaluation.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	he measurable outcome benefit will be assessed on aggregate grades, behavior and attendance as well as incremental improvements in Science, Technology, Engineering & Math (STEM) related courses.	Assessment of students aggregate (G.B.A.'s) Grades, Behavior and Attendance will be the methodology utilized to measure actual outcomes & independent program evaluation.
<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.)	The measurable outcome benefit will be assessed based on direct partnerships with law enforcement to determine targeting efforts and effective strategies to encourage family unification and/or adoption.	DCF dependency and delinquency referral data as well as independent program evaluation.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	All entities contracted through secured appropriation will be surveyed to assess economic commerce impact to the local community i. e., consumable goods, supplies or services received or disbursed.	Client survey methodology will be utilized to measure actual outcomes as well as utilization of survey technology instruments in addition to an independent program evaluation.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	All entities contracted through	Track the singular data of

	secured appropriation will be contractually mandated to provided foster care service delivery data monthly as a means to equate individual employment status within the home.	employment within the foster care home.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	This appropriations specifically targets the creation of economic self sufficiency of unemployed or underemployed individuals that reside in high-risk urban communities.	Contractually mandated monthly reporting of individuals documented demonstrations of self sufficiency goals and objectives. Specific benchmarks in attaining self sufficiency.
<input checked="" type="checkbox"/> Reduce recidivism	Provider agencies will adopt the delinquency standard of recidivism success as deemed all participants not reentering the delinquency and or exiting the child welfare system w/ in 6 months.	Utilized delinquency recidivism data specific to the identified appropriations request for youth in a dual status capacity of child welfare and delinquency.
<input checked="" type="checkbox"/> Reduce substance abuse	Provide education and counseling of gateway drugs targeting middle / high school students to reduce and prevent introduction and/or escalation to more potent addictive drugs, i.e., cocaine, heroin & etc.	Utilized DCF drug treatment data to determine trends and effectiveness of community based educational dissemination of the dangers and consequences of gateway drugs.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Target program initiatives to individuals with social deviant risk factors providing self help prevention and intervention services as a means to alter their trajectory.	Utilized delinquency and dependency data specific to the identified appropriations funds in high-risk urban communities.
<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:	400,000	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	400,000	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Urban Communities Child Welfare Initiative (UCCW);
 4 providing an appropriation; providing an effective
 5 date.

6
 7 Be It Enacted by the Legislature of the State of Florida:
 8

9 Section 1. Urban Communities Child Welfare Initiative
 10 (UCCW) is an Appropriations Project as defined in The Rules of
 11 The Florida House of Representatives and is described in
 12 Appropriations Project Request 138, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$400,000 from the General Revenue Fund is appropriated to the
 16 Department of Children and Families to fund the Urban
 17 Communities Child Welfare Initiative (UCCW) as described in
 18 Appropriations Project Request 138.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Transition House Inc. Homeless Veterans Program
2. Date of Submission: 11/08/2017
3. House Member Sponsor: Mike La Rosa
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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
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:		100,000	100,000		300,000	300,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes
 - 5a. If yes, which state agency? Department of Children and Families
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 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.

Noncompliance involving the provision of service not having a direct effect on client health and safety shall result in the imposition of a five percent (5%) penalty. Noncompliance as a result of unacceptable performance of administrative tasks shall result in the imposition of a two percent (2%) penalty.

6. Requester:

- a. Name: Thomas Griffin
- b. Organization: The Transistion House, Inc.
- c. Email: tom@thetransitionhouse.org
- d. Phone #: (407)892-5700

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

- a. Name: Thomas Griffin
- b. Organization: The Transistion House, Inc.
- c. Email: tom@thetransitionhouse.org
- d. Phone #: (407)892-5700

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

- a. Name: Chris Dawson
- b. Firm: Gray Robinson
- c. Email: chris.dawson@gray-robinson.com
- d. Phone #: (407)843-8880

9. Organization or Name of entity receiving funds:

- a. Name: The Transition House, Inc.
- b. County (County where funds are to be expended): Osceola
- c. Service Area (Counties being served by the service(s) provided with funding): Orange, Osceola, Polk, Seminole

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?

The purpose of this program is to provide Substance Use and mental health services to those clients that are unable to afford these services. Specifically Veterans that are homeless and chronically homeless, those that have been released from incarceration. Our program will provide treatment to include, individual, group therapy, psycho-educational classes and groups, vocational skills training, case management, life skills building, and access to opportunities for employment and housing.

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	9% administrative fees	27,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	FT Substance use and mental health clinicians providing services to these individuals, as well as a FT LMHC to provide supervisor.	85,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Licensed Clinicians to provide treatment, Case Management, Clinical Supervisor, Vocational programming.	188,000

<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		300,000

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?

Yes

16a. Please Describe:

According to a Study of Housing & Support, Transitional Housing programs are intended to target the hardest-to-serve homeless individuals who have a serious mental illness, often with a co-occurring substance-related disorder. Program housing combined with support services can stabilize a client.

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?

Room and board, 3 meals a day, individual counseling for substance use and/or mental health minimum once a week, Substance use/mental health evaluation, drug screening/breathalyzers randomly, Medication Assisted Treatment, once a week case management and groups.

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

Our program will provide treatment to include, individual counseling, group therapy, psycho-educational classes and groups, vocational skills training, case management, life skills building, and access to opportunities for employment and permanent housing.

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	Each individual upon arrival will be sent for a health and wellness exam, if needed.	100% of all client admissions under this funding will have a health and wellness exam.
<input checked="" type="checkbox"/> Improve mental health	Each client admitted under this program will have a psychiatric evaluation if needed and continued medication management. Each individual will be met with once a week for individual counseling .	Documentation of psychiatric evaluation in client file. Observation of compliance with medications will be documented in client file.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Each client upon admission will be given an assessment to determine interest and motivation level of continuing education, those interested it will be placed on their treatment plan to enroll.	Assessment at intake, documentation on their treatment plan and monthly review of enrollment and attendance for either GED classes, Vocational or college level classes.
<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.)	Clients coming in with a criminal history will be monitored for any illegal activity. The goal will be do reduce readmission into the legal system.	Documentation of all drug screens, documentation of collaborative meetings with probation officers and documentation of progress with recovery. criminal behaviors.
<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	Clients involve will increase levels of educational attainment to increase employability and future earnings	Desired outcomes for participants upon program completion is to have the ability to stay on a budget, build savings, improve credit scores, and build assets.
<input checked="" type="checkbox"/> Reduce recidivism	Clients involved in the Justice system will learn vocational skills, new coping skills to re-enter society as a productive member of society, based on progress and educational values learned in the program.	Treatment planning, successful completion of vocational classes, obtaining stable income and employment.
<input checked="" type="checkbox"/> Reduce substance abuse	The goal will be to have 90% of all individuals remain substance free while in treatment. This will be done by random drug screens and breathalyzers.	Documented drug screens and breathalysers at minimum twice a month.
<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:	300,000	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	300,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 The Transition House Inc. Homeless Veterans Program;
 4 providing an appropriation; providing an effective
 5 date.

7 Be It Enacted by the Legislature of the State of Florida:

9 Section 1. The Transition House Inc. Homeless Veterans
 10 Program is an Appropriations Project as defined in The Rules of
 11 The Florida House of Representatives and is described in
 12 Appropriations Project Request 355, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$300,000 from the General Revenue Fund is appropriated to the
 16 Department of Children and Families to fund the The Transition
 17 House Inc. Homeless Veterans Program as described in
 18 Appropriations Project Request 355.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Veterans of Foreign Wars, Department of Florida
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Chris Latvala
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
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:					100,000	100,000

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? 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.
Will return funds to the state

6. Requester:

- a. Name: Gene Perrino
- b. Organization: Veterans of Foreign Wars, Department of Floirda
- c. Email: gperrino@flvfw.org
- d. Phone #: (352)622-5126

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

- a. Name: Gene Perrino
- b. Organization: Veterans of Foreign Wars, Department of Floirda
- c. Email: gperrino@flvfw.org
- d. Phone #: (352)622-5126

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

- a. Name: William Helmich
- b. Firm: Helmich Consulting
- c. Email: bill@helmichconsulting.com
- d. Phone #: (850)251-3126

9. Organization or Name of entity receiving funds:

- a. Name: Veterans of Foreign Wars, Department of Floirda
- 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) Title 36 Congressionally Chartered Veterans Service Organization

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

Hire additional Veteran Service Officers to assist Veterans with their Disability Claims filed with the VA

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 checked="" type="checkbox"/> e. Salaries and Benefits	5 Service Officers Accredited by the Department of Veterans Affairs under 38 Code of Federal Regulations 14.626-14.633.	100,000
<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		100,000

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:

Supported by the members of the Veterans of Foreign Wars, Department of Florida, and their posts throughout the state.

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?

Hire additional Veteran Service Officers to assist Veterans with their Disability Claims filed with the VA

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

Hire additional Veteran Service Officers to assist Veterans with their Disability Claims filed with the VA

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 checked="" type="checkbox"/> Improve physical health	Claim accepted by VA and Veteran receives benefits.	Compensation related to claims assisted by VFW service officers.
<input checked="" type="checkbox"/> Improve mental health	Claim accepted by VA and Veteran receives benefits.	Compensation related to claims assisted by VFW service officers.
<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 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	100,000	50.0%	N/A

Project Request:			
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:	100,000	50.0%	Yes
TOTAL	200,000	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

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A bill to be entitled
An act relating to the Appropriations Project titled
Veterans of Foreign Wars, Department of Florida;
providing an appropriation; providing an effective
date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Veterans of Foreign Wars, Department of Florida
is an Appropriations Project as defined in The Rules of The
Florida House of Representatives and is described in
Appropriations Project Request 566, herein incorporated by
reference.

Section 2. For fiscal year 2018-2019 the nonrecurring sum
of \$100,000 from the General Revenue Fund is appropriated to the
Department of Veterans Affairs to fund the Veterans of Foreign
Wars, Department of Florida as described in Appropriations
Project Request 566.

Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alzheimer's Memory Mobile
2. Date of Submission: 11/07/2017
3. House Member Sponsor: Scott Plakon
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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
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:		100,000	100,000		100,000	100,000

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 Elder 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.

The program is monitored annually by the Area Agency on Agency of Southwest Florida and any necessary corrective actions are worked through with AAA

6. Requester:

- a. Name: Angela McAuley
- b. Organization: Alzheimer's Disease and Related Disorders Association, Inc. Florida Gulf Coast Chapter
- c. Email: admcauley@alz.org
- d. Phone #: (727)458-4846

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

- a. Name: Chuck Albrecht
- b. Organization: Alzheimer's Disease and Related Disorders Association, Inc. Florida Gulf Coast Chapter
- c. Email: calbrecht@alz.org
- d. Phone #: (727)578-2558

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

- a. Name: Natalie Kelly
- b. Firm: Acclaim Strategies, Inc.
- c. Email: natalie@acclaimstrategies.net
- d. Phone #: (850)570-5747

9. Organization or Name of entity receiving funds:

- a. Name: Alzheimer's Disease and Related Disorders Association, Inc.
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota, Sumter

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?

To increase awareness of support and medical services for citizens impacted by Alzheimer's disease or a related dementia and to streamline them into services that will reduce the negative impacts caregivers and people living with Alzheimer's or a related dementia experience.

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	0.05 FTE Salary and Benefits for Vice President of Programs to oversee and monitor the program	4,560
<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 checked="" type="checkbox"/> e. Salaries and Benefits	1.65 FTE Salary and Benefits to provide the services of the Memory Mobile	64,840
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Funds to be utilized to cover the costs associated with insurance, fuel, maintenance, printing, lodging, meals and staff travel associated with providing the services of the Memory Mobile.	30,600

<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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:

Discussed Hillsborough, Citrus, Polk and Pinellas, County Delegate meetings.

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 services and methodologies of the Memory Mobile and its ability to streamline clients into comprehensive services are based on the unique Alzheimer's caregiver research conducted William Haley, Ph.D. of USF and Dr. Mary Mittelman, P.H. of New York University. In this study a comprehensive package of interventions including those offered through the Memory Mobile was demonstrated to improve caregiver depression, reduce stress, maintain caregiver health, and delay placement by 1.5 years.

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?

he Memory Mobile will serve as a mobile office providing service stops in Charlotte, Citrus, Collier, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota and Sumter. A minimum of 100 stops will be provided throughout the fiscal year. The services that will be available during each of these stops will include Memory Education, Care Consults and Information Services.

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

Memory Education ? Program staff will work one-on-one with visitors to the Memory Mobile to provide them information on the 10-warning signs of Alzheimer?s or other related dementias. Staff will work with the individuals to determine if they are experiences one or more of these warning signs, and if necessary provide them referrals to obtain an accurate diagnosis of what is behind the warning signs they are experiencing.

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): he target population to be served by this project include people living with Alzheimer?s disease or

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	Visitors will gain knowledge regarding the 10 Warning Signs of Alzheimer?s disease and related dementias. ? Visitors expressing concern regarding experiencing one or more of the 10 Warning Signs will know where to go for to obtain an accurate diagnosis ? People living with Alzheimer?s disease or a related dementia and/or their caregivers will gain knowledge beneficial to the management of the disease. ? People impacted by Alzheimer?s disease will be streamlined to vital services.	Of those who receive Memory Education 91% will report they know about the process of getting a diagnosis, 90% will report they know the benefits of early detection. Of those receiving a care Consult 91% will know where to find needed resources and 87% will know better ways to cope with their situation.
<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 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:	100,000	87.8%	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:	10,000	8.8%	Yes
5. Other:	3,844	3.4%	Yes
TOTAL	113,844	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Alzheimer's Memory Mobile; providing an appropriation;
 4 providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Alzheimer's Memory Mobile is an Appropriations
 9 Project as defined in The Rules of The Florida House of
 10 Representatives and is described in Appropriations Project
 11 Request 265, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 13 of \$100,000 from the General Revenue Fund is appropriated to the
 14 Department of Elder Affairs to fund the Alzheimer's Memory
 15 Mobile as described in Appropriations Project Request 265.

16 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Kathleen Anderson Comprehensive Work Center – Operation G.R.O.W.
2. Date of Submission: 10/31/2017
3. House Member Sponsor: Scott Plakon
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		240,000	240,000		275,004	275,004

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? Agency for Persons with Disabilities
 - 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.
Funding may be revoked.

6. Requester:

- a. Name: Stephanie Ryan
- b. Organization: Inspire of Central Florida
- c. Email: sryan@inspirecfl.org
- d. Phone #: (407)699-4419

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

- a. Name: Lisa Garbers
- b. Organization: Inspire of Central Florida
- c. Email: lgarbers@inspirecfl.org
- d. Phone #: (407)699-4419

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: The Kathleen Anderson Comprehensive Work Center Inc., d/b/a
- b. County (County where funds are to be expended): Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Orange, Seminole

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?

Continued support of Operation G.R.O.W. (Giving Real Opportunities for Work) program. We will be entering the third year of the program. Operation G.R.O.W. is an internship program supporting developmentally disabled adults in a host real world business environment in an attempt to enhance their employability to secure outside employment, reducing dependence on state assistance.

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	A portion of the Executive Director's salary and benefits are covered in this portion of the funds. Additionally the Program Coordinator's salary and benefits are included in this section.	60,850
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Funding covers various contracted services, firewall renewal, agency technology costs for HIPAA compliance, and various agency contracts.	27,024
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	This section includes a portion of the Finance Officer, Assistant Finance Officer, and Administrative Assistant salaries and benefits as well as a portion of the Workmen's Comprehensive insurance. Two	95,887

	employment specialists salaries and benefits are included in this section.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	This section will provide funding for portions of the facility maintenance, G.R.O.W. staff training, office supplies, intern transportation, and classroom materials.	55,428
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	The costs associated with this section will provide funding for portions of consultant fees, marketing/advertising, record management systems, agency utility's and the liability insurance.	35,815
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		275,004

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:

Our organization receives support in the form of two grants from Seminole County through their Community Standards Office (CSA). We have also been awarded another grant from the CSA office called the CDBG grant that will help in our continuing efforts to renovate the facility. We have received letters of support from partner businesses and community supporters.

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?

A continuation of Operation G.R.O.W. a job placement/internship program that benefits developmentally disabled adults and prepares them for outside competitive employment.

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

Provide "Real World" simulated training to the developmentally disabled interns to enhance their employability, increase independence, and reduce dependence on state funding.

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 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 checked="" type="checkbox"/> Create specific immediate job opportunities	Enhance employability and opportunity to secure outside employment through an internship program.	Measure the number of interns offered outside employment as a result of program participation.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Provide skills to interns to help secure outside employment and financial independence.	Measure number of interns who secured outside employment as a result of program participation.
<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?
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1. Amount Requested from the State in this Appropriations Project Request:	275,004	63.7%	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:	75,240	17.4%	No
5. Other:	81,757	18.9%	No
TOTAL	432,001	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

O>3-10M
O>10M

HB 2567

2018

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 The Kathleen Anderson Comprehensive Work Center -
4 Operation G.R.O.W.; providing an appropriation;
5 providing an effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. The Kathleen Anderson Comprehensive Work Center
10 - Operation G.R.O.W. is an Appropriations Project as defined in
11 The Rules of The Florida House of Representatives and is
12 described in Appropriations Project Request 176, herein
13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$275,004 from the General Revenue Fund is appropriated to the
16 Agency for Persons with Disabilities to fund The Kathleen
17 Anderson Comprehensive Work Center - Operation G.R.O.W. as
18 described in Appropriations Project Request 176.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: MC Veterans Helping Veterans, Inc. -Training Veterans for Success
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Stan McClain
Members Copied: Don Hahnfeldt, Charlie Stone

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:					180,000	180,000

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? 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.
Loss of funding.

6. Requester:

- a. Name: Henry L. Whittier
- b. Organization: MC Veterans Helping Veterans, Inc.
- c. Email: marionvetshelpingvets@gmail.com
- d. Phone #: (352)433-2320

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

- a. Name: Henry L. Whittier
- b. Organization: MC Veterans Helping Veterans, Inc.
- c. Email: marionvetshelpingvets@gmail.com
- d. Phone #: (352)433-2320

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: MC Veterans Helping Veterans, Inc
- b. County (County where funds are to be expended): Alachua, Levy, Marion, Putnam
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Levy, Marion, Putnam

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?

Reach out, recruit and train Veterans to be gainfully employed in the construction trades. Based on recent statistics, there are in excess of 5000 Veterans in the 4 counties being served who are not in the workforce, but are seeking a career path. Currently, there is a critical shortage of trained people in a number of construction trades that this program will help to fill through academic and hands on training through Santa Fe College and MC Veterans Helping Veterans, Inc.

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	Develop, plan, train and coordinate services, applicants and partners and acts as chief administrative officer for the program.	35,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Servicing clients, attending workshops, training sessions.	12,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Two field recruiters/ counselors and mentors working directly with clients in the program.	65,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Transportation reimbursement for needy students to attend classes in Santa Fe College, Gainesville FL. Scholarship dollars for needy	68,000

	students unable to pay tuition at Santa Fe College.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		180,000

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:

James Michael Sampson Director of Veterans and Families Services, Ocala Fl

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:

CareerSource Citrus Levy Marion has conducted a study to determine the local employment needs of carpentry and construction-related industries.

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?

Funds will be used to recruit, train and employ Veterans and immediate family members in the construction industry by meeting their needs, through the training provided by Veterans Helping Veterans, Inc. and Santa Fe College.

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

The citizens of the 4 counties will receive classroom as well as specific and designed training provided by Sta. Fe College and Veterans Helping Veterans, Inc. with an emphasis on the unique status and special requirements that Veterans have and need.

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 and their immediate family members, sons, daughters and spouses.

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 checked="" type="checkbox"/> Improve mental health	Opportunities for employment will be greatly enhanced upon completion of the program.	Surveys, case management and employment outcome.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Students will be measured upon completion of the program.	They will receive a certificate of completion in their chosen field and placement into a job or internship program.
<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	Provides well trained employees for the construction trades.	This will be measured by the number of students gainful employment throughout the 4 county area and the number of students recruited and successfully completed course of study.
<input type="checkbox"/> Increase tourism		

<input checked="" type="checkbox"/> Create specific immediate job opportunities	Provide well trained individuals to the construction trades.	Measured by the number of students placed in construction jobs or a related field.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Students will be placed in a good paying job in the construction industry.	Students will gain specific knowledge and opportunities for employment which will be measured and followed through by counselors.
<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:	180,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	180,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 MC Veterans Helping Veterans, Inc. -Training Veterans
 4 for Success; providing an appropriation; providing an
 5 effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. MC Veterans Helping Veterans, Inc. -Training
 10 Veterans for Success is an Appropriations Project as defined in
 11 The Rules of The Florida House of Representatives and is
 12 described in Appropriations Project Request 588, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$180,000 from the General Revenue Fund is appropriated to the
 16 Department of Veterans Affairs to fund the MC Veterans Helping
 17 Veterans, Inc. -Training Veterans for Success as described in
 18 Appropriations Project Request 588.

19 Section 3. This act shall take effect July 1, 2018.

**Governor's Recommended
Budget 2018-19**

GOVERNOR RICK SCOTT'S 2018-2019 BUDGET
SECURING FLORIDA'S
FUTURE



GOVERNOR RICK SCOTT

Fiscal Year 2018-19

Health and Human Services

Policy and Budget Recommendations

GOVERNOR RICK SCOTT'S 2018-2019 BUDGET
SECURING FLORIDA'S
FUTURE



The Governor's Office of Policy and Budget Health and Human Services Unit

- **Agency for Health Care Administration**
 - Secretary Justin Senior
- **Department of Children and Families**
 - Secretary Mike Carroll
- **Department of Health**
 - State Surgeon General & Secretary Celeste Philip, MD, MPH
- **Department of Elder Affairs**
 - Secretary Jeffery Bragg
- **Agency for Persons with Disabilities**
 - Director Barbara Palmer

GOVERNOR RICK SCOTT'S 2018-2019 BUDGET
SECURING FLORIDA'S
FUTURE



Governor Scott's priorities for Florida's Future

Tax Cuts for Florida Families

Jobs for Florida Families

Education for Florida's Students

Protecting Florida's Environment

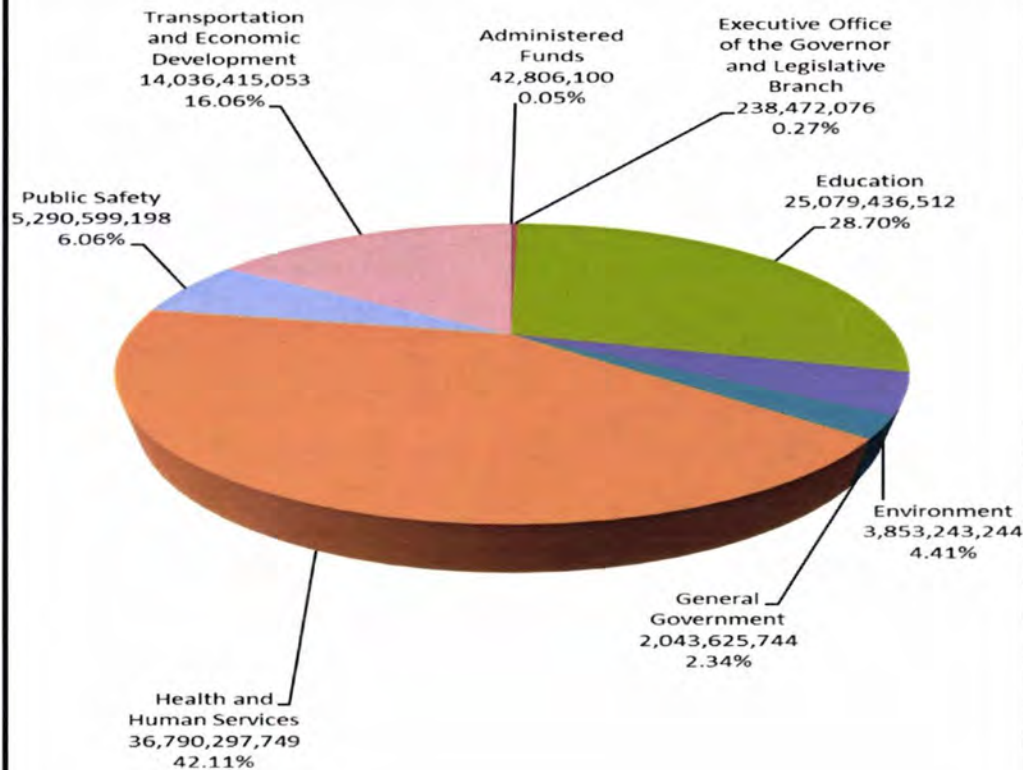
Keeping Florida's Residents and Tourists Safe

Ensuring a Healthy Future

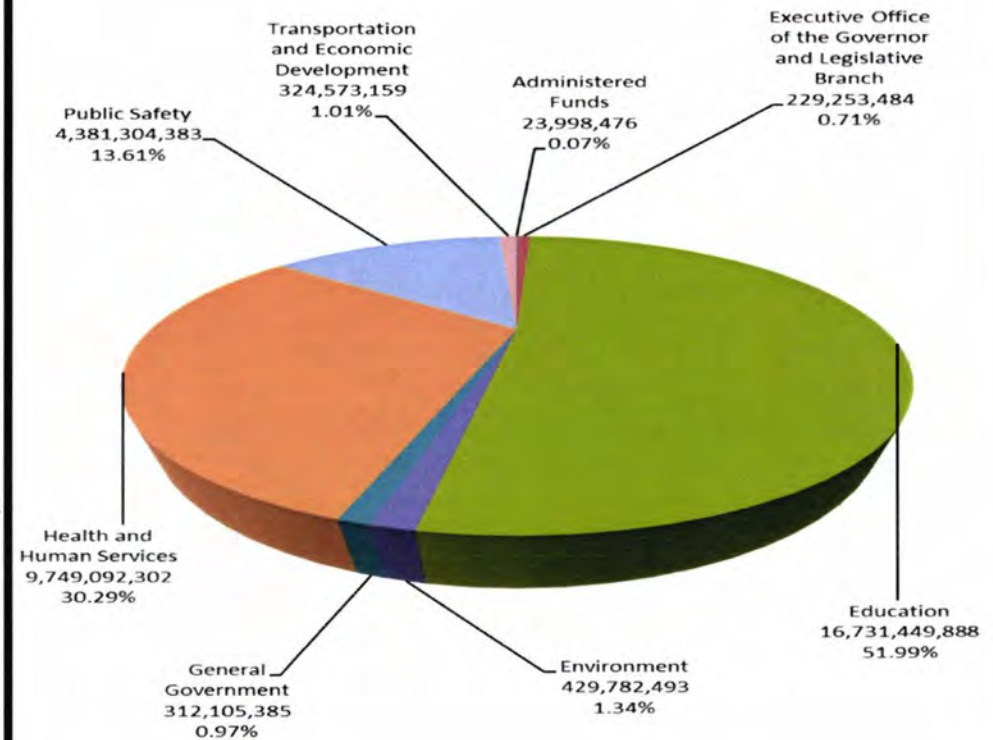
GOVERNOR RICK SCOTT'S 2018-2019 BUDGET SECURING FLORIDA'S FUTURE



Total Budget \$87.4 Billion



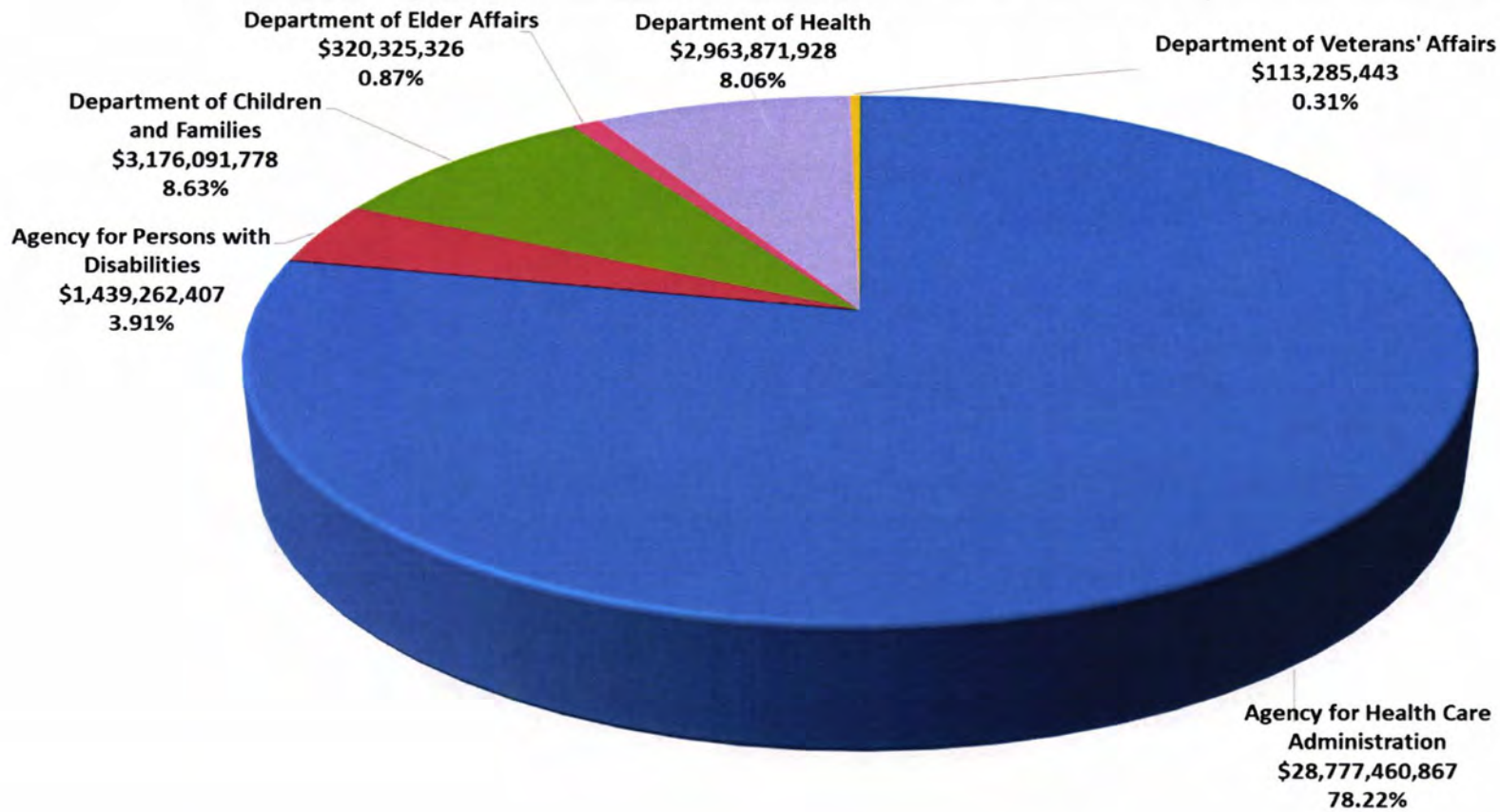
General Revenue \$32.2 Billion



GOVERNOR RICK SCOTT'S 2018-2019 BUDGET SECURING FLORIDA'S *FUTURE*



Governor's Recommended Budget Fiscal Year 2018-2019 Health and Human Services Budget-\$36.8 Billion



GOVERNOR RICK SCOTT'S 2018-2019 BUDGET
SECURING FLORIDA'S
FUTURE



Agency for Health Care Administration Highlights

Major Issues Funded	Amount
Transparency Claims Database	\$925,000
Florida Medicaid Management Information System	\$25,863,488
Health Facility Inspection Scheduling System	\$500,000
Prepaid Dental Health Program	\$700,000

GOVERNOR RICK SCOTT'S 2018-2019 BUDGET
SECURING FLORIDA'S
FUTURE



Department of Children and Families Highlights

Major Issues Funded	Amount
Combating the Opioid Epidemic	\$42,035,352
Mental Health/Substance Abuse Teams	5,097,000
Supported Employment and Internships	\$1,000,000
Child Protection Workforce	\$10,167,809

GOVERNOR RICK SCOTT'S 2018-2019 BUDGET
SECURING FLORIDA'S
FUTURE



Department of Health Highlights

Major Issues Funded	Amount
Combating the Opioid Epidemic	\$6,202,464
Evidenced Based HIV Strategies	\$55,939,593
Florida Poison Information Center Network	\$3,672,805



Department of Elder Affairs Highlights

Major Issues Funded	Amount
Community Care for the Elderly Waiting List	\$5,000,000
Alzheimer's Disease Initiative Waiting List	\$3,000,000
Home Care for the Elderly Waiting List	\$1,000,000

GOVERNOR RICK SCOTT'S 2018-2019 BUDGET
SECURING FLORIDA'S
FUTURE



Agency for Persons with Disabilities Highlights

Major Issues Funded	Amount
Restore Waiver Service Rate Increases	\$41,017,247
Waiver Funding	\$89,341,776
Supporting Individuals with Disabilities	\$18,164,908
Supported Employment and Internships	\$1,000,000
iConnect System	\$3,998,964



Department of Veterans' Affairs Highlights

Major Issues Funded	Amount
Statewide Crisis Support for Veterans	\$400,000
Veterans' Claims Examiners	\$368,060
State Veteran Nursing Home Operations	\$12,139,085

GOVERNOR RICK SCOTT'S 2018-2019 BUDGET
SECURING FLORIDA'S
FUTURE



Questions