



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** House of Hope

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

Operational and equipment funding to enable the House of Hope to provide increased and more efficient services for the residents in the substance abuse treatment program.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
400,000		400,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 400,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



The Florida Senate

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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Funding will allow House of Hope to provide increased and more efficient services for our residents. House of Hope exists on charitable donations and all administrators and other "staff" are volunteers. We need staff which is more than our current donations provide. There are also items we need to purchase to operate more efficiently. Transporting the men to appointments; doctors, parole officers, court appearances, etc. is an issue because the current vehicles require constant repair and are not energy efficient. Other items requested are necessary for the upkeep of the facility and to replace outdated, inefficient items.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Counseling, classes and equipment needed to carry out the education and training of the men as they go through the rehabilitation program.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



The Florida Senate

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<input checked="" type="checkbox"/> Salary and Benefits	P/T Program Director-salary and benefits; P/T Licensed Counselor-salary and benefits; 2 F/T additional staff members-salary and benefits	230,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Two energy efficient cars, One 16-passenger van, telephone system, tractor, commercial washer and dryer, and vocational equipment.	170,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

d. What are the direct services to be provided to citizens by the appropriations project?

Direct services would include counseling sessions, classes, supervision of the residents. Additional equipment would assist with the transportation of the men to jobs and training them for employment.

e. Who is the target population served by this project? How many individuals are expected to be served?

Individuals who have addictions to drugs/alcohol. Approximately 55 individuals are expected to be served.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The men will embrace a drug/alcohol free lifestyle. Graduates of the program are contacted monthly to determine if they are maintaining a drug free lifestyle.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

The current standard penalties for noncompliance are adequate.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

a. Name: Patricia O'Dell

b. Organization: City of Hope International dba House of Hope FL



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Local Funding Initiative Request - Fiscal Year 2018-2019

- c. **Email:** pat.hohfl@gmail.com
- d. **Phone Number:** (352)750-0278

14. Recipient Contact Information:

- a. **Organization:** City of Hope International dba House of Hope FL
- b. **County:** Sumter
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Patricia O'Dell
- e. **E-mail Address:** pat.hohfl@gmail.com
- f. **Phone Number:** (352)750-0278

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Todd Lewis
- b. **Firm:** Lewis Consulting
- c. **Email:** lewisconsultingfla@gmail.com
- d. **Phone Number:** (727)644-8488