



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Veteran's Treatment Court - Manatee County

2. **Senate Sponsor:** Bill Galvano

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

Providing court-based treatment services to veterans in the criminal justice system

5. **State Agency Contacted?** Yes

a. If yes, which state agency? State Court System

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

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
150,000		150,000

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)	50,138	22.1%
Local	26,677	11.8%
Other	0	0.0%
TOTAL	76,815	33.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 226,815

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2016-17

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

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

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

Yes

#### a. If yes, indicate non-recurring amount per year.

150000

### 11. Program Performance:

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

Veterans with substance abuse or mental health issues will not get rearrested.

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

Active judicial review. Counseling. Case management. Drug testing.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Director of Treatment Courts	5,400
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Rent	26,677
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Judge, St. Attorney, Public Defender	44,738



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Lab supplies for drug testing and travel costs (50 clients)	30,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracted counseling services for 50 clients	120,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		226,815

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

Counseling, case management, housing assistance, VA assistance

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

Veterans in the criminal justice system. Costs based on 50 clients on an ongoing basis.

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

To help veterans deal with their legal issues and become better integrated into society

**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?**

It is not anticipated that there would be penalties additional to those in the contract, as there is regular oversight by the Court and Legislature of problem-solving courts generally.

**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.**

Manatee County provides the space for Treatment Court where Veterans Court staff and lab will be housed.

**13. Requestor Contact Information:**

- a. **Name:** Walt Smith
- b. **Organization:** 12th Judicial Circuit Court (States Court System)
- c. **Email:** wsmith@jud12.flcourts.org
- d. **Phone Number:** (941)861-7800

**14. Recipient Contact Information:**

- a. **Organization:** State Courts System
- b. **County:** Manatee
- c. **Organization Type:**
  - ☐ For Profit



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☒ Other (Please specify) States Courts System

**d. Contact Name:** Walt Smith

**e. E-mail Address:** wsmith@jud12.flcourts.org

**f. Phone Number:** (941)861-7800

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**