



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Facilitating Access to Services for Ex-offenders (FACTS for Ex-offenders)

2. **Senate Sponsor:** Randolph Bracy

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**

Statewide Community Based Reentry 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 Corrections

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
842,407		842,407

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):** 842,407

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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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?

Yes

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

842,407

11. Program Performance:

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

Reduce recidivism costs to the State of Florida.

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

Reentry services such as employment training and placement and wrap around svc and capacity building.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Salary(\$28,000) and Fringe(13.93%)	31,900
<input checked="" type="checkbox"/> Other Salary and Benefits	Salary and Fringe for Administrative Assistant, three case managers, two outreach workers	186,791
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Equipment (4 computers) Payroll services, travel for project staff, marketing, supplies and	55,716



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Program implementation grants to six partnering agencies in selected counties/districts	300,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Project consultants	268,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		842,407

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

Employment training and placement, housing, medical and other wrap around social services.

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

Ex-offenders in the State of Florida. 1,000 ex-offenders will be served.

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

Reduce recidivism costs. Measured by rearrests rates and return to Florida Department of Corrections.

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?

Denial of funding request for the next fiscal year.

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: Larry K. Williams

b. Organization: Simeon Resource and Development Center for Men, Inc

c. Email: Williamslarry1688@gmail.com

d. Phone Number: (407)836-6730



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14. Recipient Contact Information:

a. Organization: Simeon Resource and Development Center for Men, Inc

b. County: Broward, Duval, Hillsborough, Leon, Miami-Dade, Orange, Pinellas

c. Organization Type:

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☒ Other (Please specify) Non-profit

d. Contact Name: Larry K. Williams

e. E-mail Address: Williamslarry1688@gmail.com

f. Phone Number: (407)836-6730

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: