

Fixed Capital Outlay

Total State Funds Requested

The Florida Senate **Local Funding Initiative Request Fiscal Year 2020-2021**

LFIR # 1497

000

500,000

Project Title Brevard County Reentry Portal 1. 2. **Senate Sponsor** Debbie Mayfield 3. **Date of Request** 10/30/2019 4. **Project/Program Description** The Brevard County Reentry Portal is a collaboration of My Community Cares (MCC), the Brevard Reentry Task Force, the Brevard Homeless Coalition, and the Florida Department of Corrections (FDC) to facilitate the successful reintegration of ex-offenders returning to Brevard County based on evidenced-based practices. By replicating the models from the Jacksonville Reentry Center (JREC) and the Palm Beach County RESTORE Reentry Program, the Brevard County Reentry Portal will provide State inmates with pre- and post release services to assist in their transition back into the community in order to reduce recidivism and improve public safety. 5. State Agency to receive requested funds Department of Corrections Yes ○ No State Agency contacted? Amount of the Nonrecurring Request for Fiscal Year 2020-2021 6. Type of Funding **Amount** Operations 500,000

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	500,000	100 %

8.	Has this project previously received state funding?	Yes	O No
	If yes, provide the most recent instance:		

Fiscal Year	Amount		Specific	
(yyyy-yy)	Recurring	Nonrecurring	Appropriation #	Vetoed
2019-20	00	500,000	745	No

9.	Is future-year funding likely to be requested?	Yes	○ No	
	If yes, indicate nonrecurring amount per year.			500,000



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director position (0.5 FTE).	35,000
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other	Funds will be used for staff travel, staff mileage, training, office supplies, postage, cell phones, and internet.	24,000
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other	Funds will be used for office equipment, utilities, and Moral Reconation Therapy (MRT) workbooks and other CCI workbooks for programming.	20,000
Consultants/Contracted Services/Study	Funds will be used for ex-offender reentry support services to include: case management, job training, housing, educational services, substance abuse, mental health treatment, cognitive behavioral intervention, driver's license assistance, bus passes, and a program evaluation by UCF.	421,000
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	500,000



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d.

e.

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What specific purpose or goal will be achieved by the funds requested?

The purpose of the funds are to provide assistance to the FDC population returning to Brevard County in need of reintegration services and goods.

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

FDC will impose financial consequences of one percent of the total allocation if 100% of required reports are not timely filed.



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None.			
Requestor Contact	t Information		
a. First Name	Jarvis	Last Name	Wash
o. Organization	My Community Cares, Inc (MCC)		
c. E-mail Address	pastorjarviswash@gmail.com		
d. Phone Number	(321)795-8419	Ext.	
Recipient Contact	Information		
a. Organization	My Community Cares, Inc (MCC)		
b. Municipality and	County Brevard		
c. Organization Tyr			4
For-profit E			
O Non-Profit 5	•		
O Non-Profit	501(c) (4)		
Local Entity	,		
O University of	or College		
Other (plea	se specify) Non Profit 501(c) (3)		
d. First Name	Jarvis	Last Name	Wash
e. E-mail Address	pastorjarviswash@gmail.com		
f. Phone Number			
Lobbyist Contact I	nformation		
a. Name	None		
b. Firm Name	None		
c. E-mail Address	INOLIG		
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