



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Here's Help Health Education and Literacy Program (HELP)

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

Substance abuse treatment through education

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 |
|---------------------------------|---|---------------------------------------|
| 300,000 | | 300,000 |

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 | 50,000 | 14.3% |
| TOTAL | 50,000 | 14.3 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 350,000

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? 2017-18

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

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: | 200,000 | 300,000 | 500,000 |

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

Yes

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

\$300,000

11. Program Performance:

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

Enhance successful outcomes of substance abuse treatment for youth

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

Alternative educational / vocational therapies

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 checked="" type="checkbox"/> Consultants/Contracted Services/Study | Professional evaluation of the success of each educational program | 40,000 |
| Operational Costs | | |



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| | | |
|---|---|---------|
| <input type="checkbox"/> Salary and Benefits | | |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | Supplies for Culinary, Horticulture, Art, Music, Computer and Sports programs | 48,460 |
| <input checked="" type="checkbox"/> Consultants/Contracted Services/Study | Contractual instructors for: Health, Wellness and Nutrition, Music, Art, Summer School, Tutors, Sports Competition, Physical Education, Culinary and Horticulture | 211,540 |
| Fixed Capital Construction/Major Renovation | | |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 300,000 |

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

Substance abuse treatment residential educational programming for youth.

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

Ages 13-17, 40 individuals

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

Improved grades, reduction of substance abuse arrests, job readiness. Pre-post testing, school records, surveys.

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?

Withhold payments

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.

None

13. Requestor Contact Information:

a. Name: John Kross

b. Organization: Here's Help, Inc.



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- c. Email: jkross@hereshelpinc.com
- d. Phone Number: (305)525-1473

14. Recipient Contact Information:

- a. Organization: Here's Help, Inc.
- b. County: Miami-Dade
- 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: Steve Safron
- e. E-mail Address: ssafron@hereshelpinc.com
- f. Phone Number: (786)229-3217

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

- a. Name: Susan Goldstein
- b. Firm: Susan Goldstein Consulting, Inc.
- c. Email: skgoldstein@hotmail.com
- d. Phone Number: (954)830-6300