

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

1. Title of Project: Virgil Hawkins Florida Chapter National Bar Association Fellowship Program

Senate Sponsor: Darryl Rouson
 Date of Submission: <u>11/13/2017</u>

4. Project/Program Description:

Virgil Hawkins Florida Chapter National Bar Association Fellowship 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? <u>Department of Economic Opportunity</u>
- 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:

Туре	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 %

#### Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 150,000

#### 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) 2
- 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:	150,000		150,000

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

Yes

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

150,000

#### 11. Program Performance:

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

The project seeks to promote volunteer legal services to indigent and homeless Central Florida residents and provide legal representation to assit traditionally underserved clients in matter related to family law, housing, domestic violence and other legal issues.

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

Provide legal representation and access to justice to those who are indigent and/or homeless.

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

Spending Category	Description	Amount
Administrative Costs		
□Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Operational Costs		



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☑Salary and Benefits	Salaries for two attorneys and one program assistant.	105,000
☑Expense/Equipment/Travel/Supplies/Other	Supplies, training, travel and fees.	39,000
☑Consultants/Contracted Services/Study	cost for malpractice insurance and related fees to be included under FAMU's malpractice policy	6,000
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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

<u>Legal representation to indigent and/or homeless individuals on family law, housing, domestic violence and other legal issues.</u>

- e. Who is the target population served by this project? How many individuals are expected to be served?
  - Over 180 indigent and homeless individuals and families in Central Florida
- f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
  - <u>Provide access to justice to be measured by the number of clients and legal services provided through the program.</u>
- 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?

  Reducing funding in the future as an alternative
- 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: LaShawnda K. Jackson, President
  - **b.** Organization: Virgil Hawkins Florida Chapter National Bar Association
  - c. Email: <u>ljackson@rumberger.com</u>d. Phone Number: (407)873-7300



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#### 14. Recipient Contact Information:

- a. Organization: Virgil Hawkins Florida Chapter National Bar Association
- b. County: Orangec. Organization Type:
  - O For Profit
  - O Non Profit 501(c) (3)
  - O Non Profit 501(c) (4)
  - O Local Entity
  - O University or College
  - Other (Please specify) Voluntary bar association
- d. Contact Name: LaShawnda K. Jackson , President
- e. E-mail Address: ljackson@rumberger.com
- f. Phone Number: (407)873-7300

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

a. Name: Yolanda Cash-Jackson

**b. Firm:** Becker Poliakoff

c. Email: Yjackson@becker-poliakoff.com

d. Phone Number: (954)364-6059