



# The Florida Senate

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

1. **Title of Project:** Ali's Hope Foundation

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 11/30/2017

4. **Project/Program Description:**

Through grant offerings, Ali's Hope helps fund public and private education, counseling and support agencies. These agencies provide services for economically disadvantaged children and young adults with mental illness.

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 Education

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
100,000		100,000

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	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 100,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (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?

No

### 11. Program Performance:

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

The expected results are an increase in the number of youth and young adults receiving proper diagnosis and treatment for mental illness so they can manage their illness and lead productive lives. The Benefit is less medicating through drug abuse, improved ability for learning at school, and ultimately becoming an employable, self-sustaining member of our community.

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

The expected results are an increase in the number of youth and young adults receiving proper diagnosis and treatment for mental illness so they can manage their illness and lead productive lives. The Benefit is less self-medicating through drug abuse, improved ability for learning at school, and ultimately becoming an employable self-sustaining member of our community.

#### 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 type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Funds will be utilized to provide education and counseling services in both the public and private sector programs that identify, coordinate and provide treatment for mental illness. Programs will include evidence-based services for young adults in mental health recovery.	100,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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

Counseling and Education

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

Children and young adults

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

Grant applications and annual reports from grantees will detail both expectations and actual results attained for the specific mental health programs funded.

**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?**

Reevaluate program and potentially reduced funding in future years.

**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:** Joseph Gallagher



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

- b. Organization:** Ali's Hope Foundation
- c. Email:** jgallagher@alishopefoundation.org
- d. Phone Number:** (407)463-5240

### **14. Recipient Contact Information:**

- a. Organization:** Ali's Hope Foundation
- b. County:** Seminole
- 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:** Joseph Gallagher
- e. E-mail Address:** jgallagher@alishopefoundation.org
- f. Phone Number:** (407)463-5240

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

- a. Name:** None
- b. Firm:** None
- c. Email:**
- d. Phone Number:**