

LFIR # 1700

1. Project Title	Horizon Commun	nities				
2. Senate Sponsor	Dennis Baxley					
3. Date of Request	11/01/2021					
4. Project/Program De	escription					
	EFS, QUEST, and o Horizon programs ir	computer labs in every dorm at t	each facility hat designa	y. One of the fa ted facility. Th	acilities would be e funds would pro	tutions. This would an institution wide ovide office for Horizon ed at these new sites.
5. State Agency to red	eive requested fu	n ds Depar	tment of Co	rrections		
State Agency conta	•	•				
State Agency conta	cteu: 110					
6. Amount of the Nonr	ecurring Request	for Fiscal Year	2022-2023			
Type of Funding				Amou	nt	
Operations					1,661,176	5
Fixed Capital Outlay					0	<u>)</u>
Total State Funds F	Requested				1,661,176	3
7. Total Project Cost fo	or Fiscal Year 2022	2-2023 (includin	g matching	g funds availa	able for this proj	ject)
Type of Funding			Amo	unt	Percentage	
Total State Funds Re	equested (from que	stion #6)		1,661,176	100%	<u>, </u>
Matching Funds						1
Federal				0	0%	₹
State (excluding the	amount of this requ	est)		0	0%	7
Local				0	0%	┪
Other				0	0%	<u>)</u>
Total Project Costs	for Fiscal Year 20	22-2023		1,661,176	100%	
8. Has this project pre	eviously received s	state funding?	Yes			
Fiscal Year (yyyy-yy)	Amo Recurring	unt Nonrecurring	A	ecific priation #	Vetoed	
2021-22	200,000	Nomecuming	0	721	No	-
2021-22	200,000			721	INO	
9. Is future funding lik	ely to be requeste	d?	Yes			
a. If yes, indicate no	onrecurring amou	nt per year.	800,000)		
b. Describe the sou	rce of funding tha	t can be used i	n lieu of sta	ate funding.		
State of Florida Inm	ate Trust Fund.					
10. Has the entity requ		et received and	fodoral aca	istanos roleta	nd to the COVID	-10 nandomic2
No No	acsung uns projec	t received ally	icuciai ass	istance relate	to the COVID	- 13 panuemic :
If ves indicate the	amount of funds	occived and w	at the fun	de wore used	for	



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11	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 oversees the training, operation and fidelity of the Horizon program. Provides management to 15 employees and oversight to the logistics of presenting coursework and materials for 3,000 participants.	78,618			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits	15 coordinator positions overseeing daily program activities for the Horizon participants.	713,458			
Expense/Equipment/Travel/Supplies/ Other	500 computers, 4,000 manuals, visual equipment, classroom seating, and supplies	869,100			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6)					

12. Program Performance

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

Horizon is seeking to expand its program to inmates that do not currently fit the requirements for incentivized or faith and character programing, by providing its program at institutions that house anyone outside of the scope of normal programs.

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

Basic life skills through REEFS and Quest. Computer and literacy training via computer labs. Conscious Discipline and Non-Violent Communications.

c. What direct services will be provided to citizens by the appropriation project?

Programs offered through Horizon Communities have shown the outcome of restoring self esteem, responsibility and productivity to inmates while they are incarcerated and once they are released. This serves not only the inmate but also the citizens in the community to which he reenters.

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

Florida State Prison inmate population. Roughly 2800 men and women will be served by this project each year.

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

Disciplinary Reports, inmate and officer attacks, and substance abuse issues will decline with this program implemented. The department currently measures these statistics, so it will be easy to see the decline in incidents.

f. 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 the contract?



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Provide program coordinators for supervision of Quest classes, REEFS classes, and operation of the FCB Residential Program computer lab. Measure: Provide monthly time-sheets for hours worked and the monthly activity report. Consequence: If the Contractor fails to meet this Performance Measure, the Department will impose financial consequences in the amount of \$16.25 per hour.

Provide a minimum of 18 Quest classes, a minimum of 18 REEFS, and a minimum of 18 Computer Lab classes during each 12-month period covered by this Contractual Purchase Order. If the Contractor fails to meet this Performance

Measure, the Department will impose financial consequences in the amount of \$200 per class for each class under the minimum.

13.	. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the
	relationship between the owners of the facility and the entity.
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N/A		
IN/A		



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14.	14. Requestor Contact Information							
	a. First Name	Nate		Last Name	Schaidt			
	b. Organization	Horizon Communities Corporation						
	c. E-mail Address	ndschaidt@gmail.com						
	d. Phone Number	(386)689	(386)689-8240 Ext.					
15.	15. Recipient Contact Information							
	a. Organization	Horizon (Communities Cor	poration				
	b. Municipality and	d County	Leon					
	c. Organization Ty	ре						
	□For Profit Entity							
	☑Non Profit 501(c	:)(3)						
	□Non Profit 501(c	ofit 501(c)(4)						
	□Local Entity							
	□University or College							
	□Other (please specify)							
	d. First Name	Nate		Last Name	Schaidt			
	e. E-mail Address	ndschaidt@gmail.com						
	f. Phone Number	(386)689-8240						
16.	16. Lobbyist Contact Information							
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address	,						
	d. Phone Number	,						