

LFIR # 2706

1.	Project Title	Hope Street Dive	ersion Program				
2.	Senate Sponsor	Ben Albritton					
3.	Date of Request	01/25/2022					
4.	Project/Program Des	scription					
	preventive services for	or at-risk vouth and	to mitigate neg	ative	impacts to the fami	lv unit such as pare	munity hub to increase enting classes, parent vents and out of school
5.	State Agency to rece	eive requested fu	n <b>ds</b> Depa	rtmer	nt of Juvenile Justic	9	
	State Agency contact	cted? Yes					
	Amount of the Nonre		for Eisaal Vaar	2024	2_2022		
<b>0.</b> <i>i</i>		Request	IOI FISCAI TEAI	202			l
	Type of Funding				Amo		
	Operations Fixed Capital Outlay			+		400,000	
	Total State Funds R	eauested				400,000	
	Total Otale I alias K	cquesteu				400,000	
7.	Total Project Cost fo	r Fiscal Year 2022	2-2023 (includi	ng m	atching funds ava	ilable for this proje	ect)
	Type of Funding				Amount	Percentage	
	Total State Funds Re	quested (from que	stion #6)		400,000	51%	
	Matching Funds						
	Federal				0	0%	
	State (excluding the a	amount of this requ	est)		186,000	24%	
	Local				0	0%	
	Other				200,000	25%	
	Total Project Costs	for Fiscal Year 20	22-2023		786,000	100%	I
0	Llas this project pro	viously reseived s	toto fundina?	Γ,	Vac		
ο.	Has this project prev	viously received s	state funding?		Yes		
	Fiscal Year	Amo	unt		Specific	Vetoed	
	(уууу-уу)	Recurring	Nonrecurring	g	Appropriation #		
	2021-22	0	250,0	000	1180	No	I
9.	Is future funding like	ely to be requeste	d?		Yes		
a. If yes, indicate nonrecurring amount per year. 400,000							
	b. Describe the sour	rce of funding tha	t can be used i	in lie	u of state funding.		
	Philanthropic						
10	. Has the entity requ	asting this projec	t received any	fedo	aral accietance rela	ited to the COVID-	19 nandemic?
10	Yes	coming time projec	ally	ieue	rai assistante fela	ited to the COVID-	19 panuenno:
			_	_			
	If yes, indicate the a	amount of funds r	eceived and w	hat t	he funds were use	d for.	



LFIR # 2706

\$1,919,162 for Paycheck Protection Program (PPP)

### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits	Salary and benefits for 1 Executive Director	44,530			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other	Office equipment, supplies and travel	6,441			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits	Salaries and benefits for direct care staff.	230,359			
Expense/Equipment/Travel/Supplies/ Other	Expenses, travel, supplies for preventive services and other related services for the program	118,670			
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) 400,000					

### 12. Program Performance

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

Expansion of the Diversion program will increase capacity for participants as well as provide a community hub to increase preventive services for at-risk youth and to mitigate negative impacts to the family unit such as parenting classes, parent cafes, family counseling, tutoring, opportunities for vocational /job skills, as well as positive family events and out of school activities.

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

Provide food, clothing and diapers to families in need. Provide family support services, like parenting classes, financial counseling, vocational training and more to bring families to independence. Support a weekend backpack program for local schoolchildren so they will have food for the weekends.

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

Provide food, clothing and diapers to families in need. Provide family support services, like parenting classes, financial counseling, vocational training and more to bring families to independence. Support a weekend backpack program for local schoolchildren so they will have food for the weekends.

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

Persons with poor physical health, Jobless persons, Economically disadvantaged persons, At-risk youth, Homeless, Preschool students, Grade school students, High school students, University/college students, Currently or formerly incarcerated persons, and Juvenile Diversion Participants and their families/caregivers.

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

Create specific immediate job opportunities-Individualized service planning goals as evidenced by progress of activity. Reduce recidivism-Tracking via DJJ and Law Enforcement reports and documented internally via database. Divert from Criminal/Juvenile justice system-Tracked via internal documentation of individualized service plans. Family Participation-Tracking via internal documentation via service planning.



LFIR # 2706

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

Repayment of funds.		
ixepayineni oi iunus.		

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.

Not applicable - no fixed capital outlay funds are to be received.



LFIR # 2706

14. Requestor Contact Information						
	a. First Name	Jerry T. Last Name Haag				
	b. Organization	One More Child				
	c. E-mail Address	Jerry.Haag@onemorechild.org				
	d. Phone Number	(863)687-8811 Ext.				
15.	Recipient Contact	Information				
	a. Organization	One More Child				
	b. Municipality and County Statewide					
	c. Organization Ty	pe				
	□For Profit Entity					
	☑Non Profit 501(c	Profit 501(c)(3)				
	□Non Profit 501(c	fit 501(c)(4)				
	□Local Entity					
	□University or Co	□University or College				
	□Other (please specify)					
	d. First Name	Melissa	Last Name	Poole		
	e. E-mail Address	Melissa.Poole@onemorechild.org				
	f. Phone Number	(867)687-8811				
16.	16. Lobbyist Contact Information					
	a. Name	Jon E. Johnson				
	b. Firm Name	Johnson & Blanton				
	c. E-mail Address	cheryl@johnsonblanton.com				
	d. Phone Number	(850)224-1900				