



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Community Empowerment Center

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 11/03/2017

4. **Project/Program Description:**

The Community Empowerment Center will be a community service complex specializing in personal, economic and social development programs. The center will be home for self development and provide a plethora of mental health programs focused on helping families and individuals maintain a sense of empowerment. We are convinced that recovery and empowerment are not the privilege of a few exceptional leaders, but rather are possible for all people.

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 Economic Opportunity

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
717,834	187,075	904,909

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):** 904,909

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

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:			

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

Yes

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

\$717,834

11. Program Performance:

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

The specific purpose of the Community Empowerment Center is to facilitate a change in behavior and empower individuals to maintain gains in sobriety, self-esteem, employability and parenting skills. We strongly believe this goal can be met by providing all the support, training, and services to move our citizens from poverty to self-sufficiency, from unemployed to employed, from victim to victor, from self-loathing to self-empowered, and from unfruitful parenting to happy families. We believe our parents can become the "heroines" they were meant to be for their children. While the Community Empowerment Center will help the movement towards becoming employable, self-reliant, and financially aware – our true hope is to empower each person to reclaim dignity, vision, inner strength, and a place in the hearts and homes of those they love.

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

The community empowerment center will be a diverse cultural environment. The services will include peer support, case management, empowerment workshops and encouragement for citizens that are on their life's journey to recovery into self-sufficiency. The programs will reduce isolation, increase independence, provide links to services related to the treatment of mental illness, coordinate housing referrals, volunteer and employment readiness opportunities, and help reduce economic disparity for individuals with multiple barriers to employment. The Program's work readiness model is designed to provide opportunities to grow in education, entrepreneurship, and employment placements. The Empowerment model will achieve its mission of moving participants into the workforce by partnering with government, non-profits, and private businesses' across Florida.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Responsible for the general supervision and management of the office and business affairs of the organization and executing the mission and strategic plan.	96,343
<input checked="" type="checkbox"/> Other Salary and Benefits	One program manager to work as the lead of programs and perform liaison activities; Four family support specialists, to service individuals and families to improve their lives; One office assistant.	200,505
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Rent payments, program supplies & curriculum, accounting, training, travel, utilities, maintenance of equipment, office materials & supplies and consumables.	206,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracted mental health counselor to provide client evaluations using psycho-therapeutic methods to help those in the programs.	214,986
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning	building renovation expenses	187,075



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Engineering	to be incurred the first year	
TOTAL		904,909

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

Family Support Specialist will provide direct services to include connecting people and resources; intake and initial screening to determine program eligibility; referring individuals and families for other services if needed; providing case management; and coordinating empowerment class workshops for clients.

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

The target population will be low income 18-62 year olds experiencing mental health concerns, Tampa Bay area residents, Homeless individuals, Veterans, and Court Ordered Individuals for parenting related offenses. We expected to serve 390 individuals per year.

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

Expected outcome and benefits include: Improved mental health; increased resilience; improved physical health; reduced time ill/doctor visits; enriched cultural experience; cultural competency; improved quality of education; attainment of skills; increased or improved economic activity; full employment; economic self-sufficiency; and increased earnings. The methodology includes data from health records; income statements; tax returns; job placement; and entrepreneurship workshops, training, and treatment logs.

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?

To prohibit dissatisfaction in grant obligations I would suggest assisting awardees with contract compliance by keeping an open two-way line of communication, along the way, to address possible outcome adjustments and establish benchmarks prior to end of grant year.

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.

The owner of the intended facility for fixed capital outlay funding is Mt Pleasant Missionary Baptist Church Education Building; Project LINK, Inc., and Mt Pleasant Missionary Baptist are community partners.

13. Requestor Contact Information:

- a. **Name:** Tina Young
- b. **Organization:** Project LINK, Inc
- c. **Email:** tyoung@project-link.org
- d. **Phone Number:** (813)276-5671

14. Recipient Contact Information:

- a. **Organization:** Project LINK, Inc



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

b. County: Hillsborough

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: Tina Young

e. E-mail Address: tyoung@project-link.org

f. Phone Number: (813)276-5671

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: