



# The Florida Senate

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

1. **Title of Project:** Re-Entry Alliance Pensacola re to enter text.

2. **Senate Sponsor:** Doug Broxson

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

Re-Entry Alliance Pensacola, Inc. ("REAP") Re-entry Portal

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Corrections

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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 |
|---------------------------------|---|---------------------------------------|
| 500,000                         | 250,000                                   | 750,000                               |

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  | 120,000        | 13.8%         |
| <b>TOTAL</b>                                 | <b>120,000</b> | <b>13.8 %</b> |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 870,000

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) 3

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.

|            |   |
|------------|---|
| <b>FY:</b> | <b>Input Prior FY Appropriation for this project<br/>for FY 2017-18</b> |
|------------|---|



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|                           |  |  |   |
|---------------------------|--|--|---|
|                           | (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>     |  | <b>200,000</b>                         | <b>200,000</b>  |

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

Yes

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

\$500,000

**11. Program Performance:**

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

Successful, crime-free re-entry for previously State of FL incarcerated individuals

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

Housing, employment referrals, food, clothing, registrations and benefits applications, transportation and referral and assistances to various needed counseling services

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

| Spending Category   | Description                                     | Amount  |
|---|---|---------|
| Administrative Costs  |   |         |
| <input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits | Executive director salary                       | 65,000  |
| <input type="checkbox"/> Other Salary and Benefits                                      |   |         |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other                        |   |         |
| <input type="checkbox"/> Consultants/Contracted Services/Study                          |   |         |
| Operational Costs   |   |         |
| <input checked="" type="checkbox"/> Salary and Benefits                                 | Operations director, empl/housing director, p/t | 148,000 |



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|   |  |         |
|---|--|---------|
|   | office mgr & accounting case mgr, 2 part-time drivers, payroll services, employer share health   |         |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other           | Client transportation, housing, food, counseling, drug testing, communication services, computer maintenance, website, supplies, insurance, dues, postage & shipping, sales tax, audit & tax return, govt  | 287,000 |
| <input type="checkbox"/> Consultants/Contracted Services/Study                        |  |         |
| Fixed Capital Construction/Major Renovation   |  |         |
| <input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering | REAP and partners are in early phases of the work release/transitional housing center. The appropriation is part of architectural and engineering costs of \$280K and a total project cost of \$7.284 million, all other funds are from committed equity investors | 250,000 |
| TOTAL   |  | 750,000 |

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

Housing, employment referrals, food, clothing, registrations and benefits applications, transportation and referral and assistance to various needed counseling services

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

Recently incarcerated individuals without housing or funds; 200 per year

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

Successful re-entry to society with independent living and employment. Numbers served and failures will be reported quarterly, as well as cost per individuals served.



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- 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?**

Non reimbursement of costs requested and less than full appropriation expended if services fall below allocated budget in purchase order contract with the FL Dept of Corrections

- 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 Northwest Florida Re-Entry Initiative, creating a work release and transitional housing center, will be owned by the South Palafox Group in partnership with Re-Entry Alliance Pensacola, Inc., and when operational will be operated and managed by Re-Entry Alliance Pensacola

- 13. Requestor Contact Information:**

- a. **Name:** Dick Baker
- b. **Organization:** Re-Entry Alliance Pensacola, Inc.
- c. **Email:** dbaker@heronsforest.com
- d. **Phone Number:** (850)332-6677

- 14. Recipient Contact Information:**

- a. **Organization:** Re-Entry Alliance Pensacola, Inc.
- b. **County:** Escambia
- 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:** Vince Whibbs, Jr.
- e. **E-mail Address:** vincewhibbs@gmail.com
- f. **Phone Number:** (850)324-6667

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

- a. **Name:** Wansley Walters
- b. **Firm:** Ballard Partners
- c. **Email:** wansley@ballardfl.com
- d. **Phone Number:** (850)577-0444