



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Re-Entry Alliance of Pensacola, Inc. (REAP)

2. **Senate Sponsor:** Doug Broxson

3. **Date of Submission:** 01/02/2018

4. **Project/Program Description:**

Successful, crime-free re-entry program for previously incarcerated State of Florida individuals. Includes: housing, employment referrals, food, clothing, registrations and benefit applications, transportation, referrals and assistance to various needed counseling services. The goal of the program is successful re-entry to society with independent living and employment.

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%
TOTAL	120,000	13.8 %

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.



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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:		200,000	200,000

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 individuals previously incarcerated in the State of Florida.

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

House, employment referrals, food, clothing, registrations and benefits applications, transportation, referrals and assistance 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,	148,000



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	Empl/housing director, P/T office mgr & accting case mgr, 2 P/T drivers, payroll services, workers comp, employer share health	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Client transportation, housing, food, counseling, food, counseling, drug testing, communication services, computer maint, website, supplies, insurance, dues, postage & shipping, sales tax, audit & tax return, gov't fees, employee travel, bank services	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 - architectural and engineering costs.	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 benefit applications, transportation, referrals 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 individual served.

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?



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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 ReEntry Initiative, creating a work release and transitional housing center, will be owned by 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