



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Ready4Work - Re-Entry

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 01/19/2018

4. **Project/Program Description:**

To provide re-entry services which includes: case management, mental health support, soft skills training, vocational training, job preparation training, and a dedicated job coach. Additional supportive services are available to Ready4Work clients such as: transportation assistance, transitional housing assistance, clothing assistance, medical / vision assistance, assistance to obtain vital documents, and allowance for work related clothing that may be necessary.

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		500,000

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	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000

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) 1

c. What is the most recent fiscal year the project was funded? 2016-17



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
 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.

500,000

11. Program Performance:

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

Provide a path to employment and financial stability to those re-entering the community post release from prison or jail. Allowing ex-offenders to have a second chance with supportive services reduces recidivism and increases public safety.

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

Service include: case management, mental health support, soft skills training, vocational training, job preparation training, and a dedicated job coach. Additional supportive services are available to Ready4Work clients such as: transportation assistance, transitional housing assistance, clothing assistance, medical / vision assistance, assistance to obtain vital documents, and allowance for work related clothing that may be necessary.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<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 type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Program expenses to provide services to clients such as training, housing, transportation, employment services.	500,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

Service include: case management, mental health support, soft skills training, vocational training, job preparation training, and a dedicated job coach. Additional supportive services are available to Ready4Work clients such as: transportation assistance, transitional housing assistance, clothing assistance, medical / vision assistance, assistance to obtain vital documents, and allowance for work related clothing that may be necessary.

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

Currently or formerly incarcerated persons, jobless, drug offenders, economically disadvantaged persons

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

All of our data is managed in the ETO software (by Social Solutions). Measurements are based off: career development graduation, job placement, job retention, average salary, recidivism

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?

Financial consequences for late submission of required reports.



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- 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.**

Operation New Hope

- 13. Requestor Contact Information:**

- a. **Name:** Keven Gay, CEO
- b. **Organization:** Operation New Hope
- c. **Email:** KGay@operationnewhope.com
- d. **Phone Number:** (904)354-4673

- 14. Recipient Contact Information:**

- a. **Organization:** Operation New Hope
- b. **County:** Duval
- 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:** Boord Peggy
- e. **E-mail Address:** pboord@operationnewhope.com
- f. **Phone Number:** (904)354-4673

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

- a. **Name:** McGhee Darrick
- b. **Firm:** Johnson & Blanton, LLC
- c. **Email:** darrick@teamjb.com
- d. **Phone Number:** (850)321-6489