



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2118

1. **Title of Project:** Offender Reentry Assistance

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 02/22/2019

4. **Project/Program Description:**

This project seeks funding to enhance local re-entry programs serving the Leon County community. Offender reentry programs will support efforts to break the cycle of reoffending and reincarceration and have far reaching implications for enhanced public safety. Specialized programs and services targeting this population are essential to successful reintegration into a free society.

5. **State Agency to receive requested funds :** Department of Corrections

State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	
Total State Funds Requested	300,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	300,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	300,000	100.0%

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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

a. If yes, indicate non-recurring amount per year. \$300,000

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
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Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Project funding would be used to support specialized programs and services to support Leon County citizens returning to the community after incarceration.	300,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		300,000

11. Program Performance:

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

These funds will support enhancement of local re-entry programs serving the Leon County community. Offender reentry programs will support efforts to break the cycle of reoffending and reincarceration and have far reaching implications for enhanced public safety. Specialized programs and services targeting this population are essential to successful reintegration into a free society.

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

These funds will support enhancement of local re-entry programs serving the Leon County community. Specialized programs and services, through local re-entry programs, targeting this population are essential to successful reintegration into a free society.

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

Specialized programs and services targeting citizens returning to the community after incarceration.

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

This project will directly serve Leon County citizens returning to the community after incarceration.

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

Reduction in rates of recidivism in the Leon County community

f. 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?

Deobligation of funding



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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.

N/A

13. Requestor Contact Information:

- a. **Name:** Andrew Johnson
- b. **Organization:** Leon County Government
- c. **E-mail Address:** JohnsonAn@leoncountyfl.gov
- d. **Phone Number:** (850)606-5383

14. Recipient Contact Information:

- a. **Organization:** Leon County Government
- b. **County:** Leon
- 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:** Teresa Broxton
- e. **E-mail Address:** Broxtont@leoncountyfl.gov
- f. **Phone Number:** (850)606-5712

15. Lobbyist Contact Information

- a. **Name:** Jeffrey Sharkey
- b. **Firm Name:** Capitol Alliance Group
- c. **E-mail Address:** jeffreyshark@gmail.com
- d. **Phone Number:** (850)224-1660