



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3160

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

With this funding, Horizon Communities will expand the current 5 correctional institutions to 8 institutions. This would include teaching REEFS, QUEST, and computer labs in each facility. One of the facilities would be an institution wide program by placing Horizon programs in every dorm at that designated facility. The funds would provide office for Horizon employees, computers for the labs, books and materials, and funding for Horizon employees needed at these new sites.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	1,661,176
Fixed Capital Outlay	0
Total State Funds Requested	1,661,176

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,661,176	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,661,176	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	200,000	1,461,176	726	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

State of Florida Inmate Trust Fund.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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PPP loan for \$68,353.40 was used only for payroll from 5/2020-20/2020.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director oversees the training, operation and fidelity of the Horizon program. Provides management to 15 employees and oversight to the logistics of resending coursework and materials for 3,000 participants.	78,618
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	15 Coordinator positions overseeing daily program activities for the Horizon participants.	713,458
Expense/Equipment/Travel/Supplies/Other	500 computers, 4,000 manuals, visual equipment, classroom seating, and supplies.	869,100
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,661,176

14. Program Performance

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

Horizon is seeking to expand its program to inmates that do not currently fit the requirements for incentivized or faith and character programming, by providing its program at institutions that house anyone outside of the scope of normal programs.

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



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Basic life skills through REEFS and Quest. Computer literacy training via computer labs. Conscious Discipline and Non-Violent Communications.

c. What direct services will be provided to citizens by the appropriation project?

Programs offered through Horizon Communities have shown the outcome of restoring self-esteem, responsibility and productivity to inmates while they are incarcerated and once they are released. This serves not only the inmate but also the citizens in the community to which he re-enters.

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

Florida State Prison inmate population. Roughly 2800 men and women will be served by this project each year.

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

Disciplinary Reports, inmate and officer attacks, and substance abuse issues will decline with this program implemented. The Department currently measures these statistics, so it will be easy to see the decline in incidents.

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 the contract?

Provide program coordinators for supervision of Quest classes, REEFS classes, and operation of the FCB Residential Program computer lab. Measure: Provide monthly timesheets for hours worked and the monthly activity report. Consequence: If the Contractor fails to meet this Performance Measure, the Department will impose financial consequences in the amount of \$16.25 per hour. Provide a minimum of 18 Quest classes, a minimum of 18 REEFS, and a minimum of 18 Computer Lab classes during each 12-month period covered by this Contractual Purchase Order. If the Contractor fails to meet this Performance Measure, the Department will impose financial consequences in the amount of \$200 per class for each class under the minimum.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)



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d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number