



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Hibiscus Children's Shelter Makeover

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

The Shelter Makeover is an innovative expansion and renovation of the Tilton Family Children's Shelter, an emergency shelter for children removed from their homes due to abuse, neglect, and abandonment. It was built in 1985 and has provided over 30 years serving children victimized by physical, emotional and/or sexual abuse who are in critical need of services that foster a sense of security, feeling worthwhile and overall well-being.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
	1,300,000	1,300,000

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):** 1,300,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

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



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
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?

No

11. Program Performance:

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

To make dire renovations to an emergency shelter for children ages birth – 15 years old who have been removed from their homes due to abuse, neglect and/or abandonment and placed there by the state. The Shelter has been in operation since 1989. It runs at capacity the majority of the time. The number of children removed from their homes due to abuse and are in the care of the state has risen dramatically due to tougher legislative standards. Our goal is to provide children with the highest level of care.

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

Increased safety for children by adding a 1,500 square foot kitchen/cafeteria and multi-purpose room built to withstand category 5 hurricanes so we may shelter children in-house during storms; Install whole house generator; Expanded capacity from 36 to 42 beds by adding 6 private rooms for victims of sexual abuse and higher behavioral needs; Make improvements to enhance therapeutic interventions; Achieve increased efficiency through cost-saving equipment; Upgraded technology that will improve our children's educational needs and promote future opportunities; Expanded laundry rooms with prep area; A larger complex with an adventure therapy playground & exercise trail; A geodesic gardening dome for therapeutic gardening; Soccer fields; Pet therapy; and Larger, paved parking area.

c. How will the funds be expended?

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



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Benefits		
<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 type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction, whole house, generator, land acquisition, technology/infrastructure improvements, phone systems, security, clinical improvements	1,300,000
TOTAL		1,300,000

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

Emergency shelter services in a Trauma Informed Care model provided to the children while their physical and emotional needs are met will help reduce the impact of the trauma already experienced and not re-traumatize the child. Individual and group mental health counseling. Therapeutic gardening. Pet therapy. Exercise therapy. The Literacy Program provides individualized assistance to children whose traumatic experiences have virtually halted the educational process. After-school tutoring is available to assist children with their educational needs.

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

Children removed from their homes due to abuse, neglect, and/or abandonment. 150 each year.

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

Improved safety and well-being of children. Outcomes measured by improved mental health functioning as evidenced by mental health assessments and treatment plan completion. Children placed in emergency shelter care shall be provided a safe environment, free of incidents of abuse or neglect by the provider's staff,



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volunteers, or visiting family members, as reported to and accepted by the Florida Abuse Hotline and verified through a child protective investigation.

- 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?**
Forfeit and pay back.

- 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.**
None

13. Requestor Contact Information:

- a. Name:** Paul Sexton, Pres & CEO
b. Organization: Hibiscus Children's Center
c. Email: psexton@hcc4kids.org
d. Phone Number: (772)340-5750 Ext. 101

14. Recipient Contact Information:

- a. Organization:** Hibiscus Children's Center
b. County: Martin
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: Lisa Wynne
e. E-mail Address: lwynne@hcc4kids.org
f. Phone Number: (772)340-5750 Ext. 201

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

- a. Name:** Ken Pruitt
b. Firm: The P5 Group
c. Email: ken@theP5group.com
d. Phone Number: (772)971-5760