



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Broward County Human Services Community Partnerships Nancy J. Cotterman Center, State Attorney Liaison Program

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

The Broward County Nancy J. Cotterman Center (NJCC) is Broward County's sole accredited Children's Advocacy Center and Certified Rape Crisis Center serving a county of 1.9 million residents. NJCC is uniquely focused as services are provided to victims of all ages from infants to elderly. In 2016, NJCC served over 4,090 victims of sexual assault/child abuse annually with over 10,300 forensic medical, child abuse and trauma counseling services in addition to a range of other trauma informed services. However, there are no services designed and targeted to engage victims with the criminal justice and law enforcement systems. Given that last year alone there were over 16,000 child abuse allegations and 718 forcible sex offenses were reported in Broward County, the community needs for outreach, awareness and advocacy remain astounding. The State Attorney Court Liaison program uses a trauma informed approach and highly skilled staff to engage victims.

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? State Court System

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 |
|---------------------------------|---|---------------------------------------|
| 250,000 | | 250,000 |

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):** 250,000



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9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? Yes
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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: | | 200,000 | 200,000 |

10. Is future-year funding likely to be requested?

Yes

- If yes, indicate non-recurring amount per year.

\$250,000

11. Program Performance:

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

Program will secure 4 staff positions needed to ensure victims, family members, stakeholders and other community agencies with updates on current laws, regulations and victim assistance, along with training to SAO on issues related to physical and sexual abuse. Courtroom orientation and accompaniment will also be offered in addition to referrals to social service agencies, assistance and follow up on filing Florida Crime Victim Compensation claims. Lastly, the program will serve to ensure the Assistant State Attorney is apprised and updated on any issues and challenges experienced by the victim that may influence or have impact on the criminal case. Through these services victims will have the support needed to successfully go through the criminal justice system in order to increase the likelihood of successful prosecution thus reducing the recidivism rate.

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

Improved physical and mental health; Improved quality of education; public protection from victimization; create jobs; reduce recidivism.

- How will the funds be expended?



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| Spending Category | Description | Amount |
|--|---|---------|
| Administrative Costs | | |
| <input type="checkbox"/> Executive Director/Project Head Salary and 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 checked="" type="checkbox"/> Salary and Benefits | Three direct services full time staff | 205,271 |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | Operating expenses: Travel/Training/Supplies | 9,369 |
| <input checked="" type="checkbox"/> Consultants/Contracted Services/Study | One Office Support Staff | 35,360 |
| Fixed Capital Construction/Major Renovation | | |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 250,000 |

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

Funds will be used to provide direct services to Broward County victims, family members, stakeholders and other community agencies.

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

Victims of sexual violence. The program is expected to serve 200-400 victims.

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

Increased reporting of sexual assaults, decreased 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?

return of unused funds.



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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:** Mandy Wells

b. **Organization:** Broward County Human Services Dept. Community Partnerships Division Nancy Cotterman Center

c. **Email:** mwells@broward.org

d. **Phone Number:** (954)357-6398

- 14. Recipient Contact Information:**

a. **Organization:** Broward County

b. **County:** Broward

c. **Organization Type:**

☐ For Profit

☐ Non Profit 501(c) (3)

☐ Non Profit 501(c) (4)

☐ Local Entity

☐ University or College

☒ Other (Please specify) County Government

d. **Contact Name:** Miriam Firpo-Jimenez

e. **E-mail Address:** mfjimenez@broward.org

f. **Phone Number:** (954)357-5754

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

a. **Name:** Monica Rodriguez

b. **Firm:** Ballard Partners

c. **Email:** monicafl@ballard.com

d. **Phone Number:** (850)577-0444