



# 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, Human Trafficking Project

2. **Senate Sponsor:** Gary Farmer

3. **Date of Submission:** 01/11/2018

4. **Project/Program Description:**

Broward County needs a designated Human Trafficking Outreach Coordinator whose focus is outreach to Human Trafficking victims, bring together law enforcement and victims' services providers to address human trafficking in a comprehensive way. The Outreach Coordinator will implement trauma focused victim-centered, collaborative and sustainable approaches geared to identify victims of all types of human trafficking within specific Broward County areas, address the individualized needs of victims through the linkage and referrals for comprehensive array of quality services, and engage in law enforcement collaboration for the purposes of protecting victim's rights during investigations.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Legal Affairs and Attorney General

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
100,000		100,000

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):** 100,000

9. **Previous Year Funding Details:**



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- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

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

Yes

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

100,000

### 11. Program Performance:

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

Increased outreach and coordination of services to victims of human trafficking in Broward County.

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

Position will reach out to Human Trafficking victims, bring together law enforcement and victims' services providers to address human trafficking in a comprehensive way. The Outreach Coordinator will implement trauma focused victim-centered, collaborative and sustainable approaches geared to identify victims of all types of human trafficking within specific Broward County areas, address the individualized needs of victims through the linkage and referrals for comprehensive array of quality services, and engage in law enforcement collaboration for the purposes of protecting victim's rights during investigations.

- 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 checked="" type="checkbox"/> Salary and Benefits	One full time direct services outreach community coordinator	68,423
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Operational costs: Travel and training; Communications equipment; Promotional & Office Supplies; Computer Equipment	31,577
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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

Outreach Coordinator will reach out to Human Trafficking victims, bring together law enforcement and victims' services providers to address human trafficking in a comprehensive way. The Outreach Coordinator will implement trauma focused victim-centered, collaborative and sustainable approaches geared to identify victims of all types of human trafficking within specific Broward County areas, address the individualized needs of victims through the linkage and referrals for comprehensive array of quality services, and engage in law enforcement collaboration for the purposes of protecting victim's rights during investigations.

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

County residents victims of human trafficking. The program is expected to serve 50 to 100 victims.

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



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Increased public awareness and prevention efforts and bolstering investigations and prosecutions of those who buy illegal commercial sex ("johns") will enhance the safety of all County residents. In addition to coordinate services for identified victims of human trafficking.

- 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 all unused funds.

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 Community Partnerships Division
- 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 Jirpo-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:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**