Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Preschool Emergency Alert Response Learning System (PEARLS)

Senate Sponsor: Bill Galvano
 Date of Submission: 01/18/2018

4. Project/Program Description:

As a statewide Preschool Emergency Alert Response Learning System, PEARLS will provide training, options, and a much-needed notification system to protect Florida's youngest and most vulnerable children. With the current systems in place, a K-12 public school could be on lockdown due to life- threatening criminal activity such as an active shooter, while a preschool center right next door is unaware of the imminent threat. Florida's early childcare providers are an integral part of our state's educational and economic structures, developing young minds for the future and providing young children a safe environment as parents work to care for their families. Investing in the security of the children in their care is critical due to the current trend of escalating violence in our society.

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? <u>Department of Education</u>
- 6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for	Total Amount of
	Fixed Capital Outlay	Requested State Funds
850,000		850,000

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	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): 850,000
- 9. Previous Year Funding Details:



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- 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?
- 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:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)

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?

<u>Train preschools in relevant emergency preparedness and implement local notification systems for all preschools in the state of Florida with the ultimate goal of preventing tragedy and loss of lives through proactive strategies.</u>

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

<u>Direct Training, Program Materials, Implementation of Notification Systems</u>

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☑Executive Director/Project Head Salary and Benefits	Director Salary & Benefits	32,295
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		



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Operational Costs		
☑Salary and Benefits	Program Facilitators	180,900
☑Expense/Equipment/Travel/Supplies/Other	statewide travel, notification system setup, program materials	636,805
□Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		850,000

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

Training for preschool environment to mitigate risk and save lives in emergency situations such as active shooter events, plus implementation of a vital local notification system to alert preschools of imminent danger, as is currently done with K-12 schools, closing the existing notification gap and keeping ALL of Florida's children safe.

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

 _Preschool children and staff approximately 873,000 individuals.
- f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The expected benefit of this project is an increased life-saving awareness of current significant dangers and informed options for action that will mitigate risk and save lives. The program is designed to embolden preschools to have a preemptive plan of action that includes multiple options to be implemented judiciously based on the form of danger present. The outcome of this program will be measured by its successful outreach to Florida statewide with training and the implementation of essential notification systems, significantly enhancing the safety of Florida's youngest children.

- 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? Possible Return of 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.

 No fixed capital outlay



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13. Requestor Contact Information:

a. Name: Paul Sharff

b. Organization: <u>From Cradle to College Foundation, Inc.</u>c. Email: <u>PSharff@fromcradletocollegefoundation.org</u>

d. Phone Number: (941)757-2901

14. Recipient Contact Information:

a. Organization: From Cradle to College Foundation, Inc.

b. County: <u>Manatee</u>c. Organization Type:

O For Profit

● Non Profit 501(c) (3)

O Non Profit 501(c) (4)

O Local Entity

O University or College

O Other (Please specify)

d. Contact Name: Paul Sharff

e. E-mail Address: PSharff@fromcradletocollegefoundation.org

f. Phone Number: (941)757-2901

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

a. Name: None
b. Firm: None
c. Email:

d. Phone Number: