



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Florida's Children's Initiative (FS 409.147)

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/06/2017

4. **Project/Program Description:**

To support at-risk children and families in disadvantaged communities in Jacksonville, Orlando, Liberty City, Overtown and Sulphur Springs addressing critical needs using a "cradle to career" strategy.

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 |
|---------------------------------|---|---------------------------------------|
| 500,000 | | 500,000 |

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 | 6,600,000 | 93.0% |
| Other | 0 | 0.0% |
| TOTAL | 6,600,000 | 93.0 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 7,100,000

9. **Previous Year Funding Details:**

- 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.



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| | | | |
|-------------------------------|---|--|---|
| 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 reduce verified child abuse/neglect cases; improve parenting skills and family functioning; reduce number of children removed from their homes; and increase enrollment in high quality early learning centers.

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

Parenting skills education; training for early childcare staff, family enrichment activities; and life skills training; and/or financial literacy.

c. How will the funds be expended?

| 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 type="checkbox"/> Salary and Benefits | | |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |



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| | | |
|--|--|---------|
| <input checked="" type="checkbox"/> Consultants/Contracted Services/Study | Subcontract with each of the five Florida Children's Initiatives. (\$100,000. to each community) | 500,000 |
| Fixed Capital Construction/Major Renovation | | |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 500,000 |

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

Parenting skills education; training for early childcare staff, family enrichment activities; and life skills training; and/or financial literacy.

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

At-risk children and families in disadvantaged neighborhoods.

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

Improved life outcomes; high quality learning centers; improved family functioning; improved economic stability; reduction in out of home placements.

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?

We would follow the DOE grant process and penalize based on unit per cost.

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:** Winifred Heggins
- b. **Organization:** Ounce of Prevention Fund of Florida
- c. **Email:** wheggins@ounce.org
- d. **Phone Number:** (850)921-4494 Ext. 218

14. Recipient Contact Information:

- a. **Organization:** Ounce of Prevention Fund of Florida
- b. **County:** Duval, Hillsborough, Miami-Dade, Orange
- c. **Organization Type:**



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

d. Contact Name: Winifred Heggins

e. E-mail Address: wheggins@ounce.org

f. Phone Number: (850)921-4494 Ext. 218

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: