



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 01/18/2018

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?** Yes

a. If yes, which state agency? Department of Health

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
1,000,000		1,000,000

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	86.8%
Other	0	0.0%
TOTAL	6,600,000	86.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 7,600,000

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?

Yes

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

2,000,000

11. Program Performance:

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

To improve health and wellness; increase physical activity; reduce obesity; reduce teen births

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

Access to health care; fitness activities; nutrition education; healthy cooking classes; and community gardens

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		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Subcontract with each of the five Florida Children's Initiatives	1,000,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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

Access to health care; fitness activities; nutrition education; healthy cooking classes; teen pregnancy prevention, substance abuse prevention and community food gardens

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 health and healthier life habit; reduce obesity; improve nutrition

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?

None. Standard penalties are adequate.

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:** 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:**
 - ☐ For Profit



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- ☒ 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: