



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** A Safe Haven for Newborns

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/19/2018

4. **Project/Program Description:**

The organization assists mothers of newborns who want to give up custody of the babies

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 Health

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
300,000		300,000

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):** 300,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. 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:	300,000		300,000

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

Yes

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

\$300,000

### 11. Program Performance:

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

The goal of the organization is to prevent the loss of infant life.

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

The funds will be used to: serve at risk 16-22 year olds, pregnant women or women who gave birth but want to give up custody of the newborn, Prevent loss of infant life, and continue with the statewide outreach and awareness campaigns.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Executive Director	50,000
<input checked="" type="checkbox"/> Other Salary and Benefits	part time employees	10,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	communications, technology, travel	140,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	State wide media outreach-flyers, commercials, multi language ads, billboards	100,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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

Assistance to at risk pregnant women ages 16-22, pregnant women and women who have just given birth to save the lives of their unwanted newborns

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

16-22 year old at risk pregnant females, pregnant women, and those women that just gave birth.

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

Saving the lives of newborns.

**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?**

Withhold a % of payment until deliverables are met.

**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:** Nick Silverio
- b. **Organization:** Gloria M. Silverio Foundation
- c. **Email:** safehaven@asafehavenfornewborns.com
- d. **Phone Number:** (305)882-1304 Ext. 103

**14. Recipient Contact Information:**

- a. **Organization:** Gloria M. Silverio Foundation



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**b. County:** Miami-Dade

**c. Organization Type:**

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

**d. Contact Name:** Nick Silverio

**e. E-mail Address:** safehaven@asafehavenfornewborns.com

**f. Phone Number:** (305)882-1304 Ext. 103

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**