



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Walton County Sheriff's Office Child Protective Investigations

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 01/26/2018

4. **Project/Program Description:**

Transfer of child protective investigative services from DCF to Walton County Sheriff's Office

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

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
	1,577,204	1,577,204

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):** 1,577,204

9. **Previous Year Funding Details:**

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
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	(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?

Greater coordination between child protective investigators and deputies.

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

WCSO will deliver child protective services to ensure children are safe and improve their chances.

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 checked="" type="checkbox"/> Salary and Benefits	Administrative expenses	1,135,684
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Radios, vehicles, computers	398,520
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	DCF contracted	43,000



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Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,577,204

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

Children in crisis based upon calls made to the child abuse hotline.

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

Children; >1,000

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

Protect the general public and improve physical and mental health.

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?

Denial of future funding and subsequent audit.

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:** Mike Adkinson
- b. **Organization:** Walton County Sheriff's Office
- c. **Email:** sheriffadkinson@waltonso.org
- d. **Phone Number:** (850)892-8111

14. Recipient Contact Information:

- a. **Organization:** Walton County Sheriff's Office
- b. **County:** Walton
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (Please specify) Government
- d. **Contact Name:** Tom Ring



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e. E-mail Address: tring@waltonso.org

f. Phone Number: [\(850\)892-8111](tel:(850)892-8111)

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

a. Name: Jennifer Ring

b. Firm: Liberty Partners of Tallahassee

c. Email: Jennifer@libertypartnersfl.com

d. Phone Number: [\(850\)841-1726](tel:(850)841-1726)