



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2367

1. Title of Project: Teen Court of Sarasota Parent/Child Program

2. Senate Sponsor: Joe Gruters

3. Date of Submission: 03/14/2019

4. Project/Program Description:

This program will help parents acquire the skills needed to discuss topics that effect the culture of their children. It will open the doors of communication and build healthy relationships through group discussions and online tools.

5. State Agency to receive requested funds : Department of Children and Families

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	
Total State Funds Requested	200,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	200,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	200,000	100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. Is future-year funding likely to be requested? No

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Oversee flow of program, outcome reporting, survey oversight and watchful of funding/expenses.	47,000
Other Salary and Benefits	Client Coordinator(s). He/she is staffed in north and south county Sarasota and receives initial referral and meets with youth and	50,000



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	parent(s) for assessment and discussion of services and programs.	
Expense/Equipment/Travel/Supplies/Other	Audio/visual needs, paper note books and pens for participants, curriculum, facilities.	8,000
Consultants/Contracted Services/Study	Two facilitators for group sessions. Four week program, one evening per week. Sarasota County North and South (Venice and North Port) regions served.	15,000
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Travel/Other: Website tool for parents to learn skills on parenting. This will supplement the group sessions. Certificate of Completion. Staff involved visiting with local agencies to keep abreast of issues facing teens and families in Sarasota as well as attend educational and informative workshops (ie. new substances, health concerns...)	80,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		200,000

11. Program Performance:

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

The goal is to help our youth make good choices and to improve the skills of parents. It is a two generational approach of interpersonal relationship building that will help achieve better results in our schools, in our community and in their individual homes.

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

Services include weekly sessions (for 4 weeks) that require a guardian to attend with their child (youth will be 18 years old or younger and attending school in Sarasota County). Topics will include discussions on enforcing boundaries, bullying, substance abuse education, self-esteem challenges, anxiety, depression, family dynamics, and parental tools to look for signs of emotional and behavioral issues. Focus will be on relationship building, prevention and problem solving. Follow up with families and surveys would be implemented.

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

Four week courses with an instructor with over 20 years of experience and online tools for parenting success. This program will support the Teen Court mission and vision and supplement the existing programs. The need to make changes at home will help teens improve and do better in school.

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

Teens attending school in Sarasota County, 18 years of age and younger with a guardian(s)/parent(s). We served 501 teens in 2018. About half required mental health counseling or additional support programs. Our number served for this would be approximately 300 (teens/guardians). Our teens/families are referred to us



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from the local Sarasota County High Schools and Middle Schools, local law enforcement and parents themselves.

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

Our recidivism rate among those referred to us in 2018 (501 youth) was 6% (vs. 42% if they had gone through Juvenile Court). We do a recidivism study each year and track our youth.

f. 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?

Could result in funding removed.

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:** Lori Moran
- b. **Organization:** Teen Court of Sarasota, Inc.
- c. **E-mail Address:** programs@sarasotateencourt.org
- d. **Phone Number:** (941)861-8460

14. Recipient Contact Information:

- a. **Organization:** Teen Court of Sarasota, Inc.
- b. **County:** Sarasota
- 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:** Lori Moran
- e. **E-mail Address:** programs@sarasotateencourt.org
- f. **Phone Number:** (941)861-8460

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**