



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2579

1. **Title of Project:** Florida Children's Initiative

2. **Senate Sponsor:** Audrey Gibson

3. **Date of Submission:** 03/19/2019

4. **Project/Program Description:**

To support at-risk children and families in disadvantaged communities in Jacksonville, Orlando, Liberty City, Overtown and Sulphur Springs (authorized in s. 409.147, F.S.) addressing critical needs using a proven cradle to career strategy.

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 | 1,000,000 |
| Fixed Capital Outlay | |
| Total State Funds Requested | 1,000,000 |

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) | 1,000,000 | 13.16% |
| Federal | 0 | 0.00% |
| State (excluding the amount of this request) | 0 | 0.00% |
| Local | 6,600,000 | 86.84% |
| Other | 0 | 0.00% |
| Total Project Costs for Fiscal Year 2019-2020 | 7,600,000 | 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?** Yes

a. If yes, indicate non-recurring amount per year. \$1,000,000

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

| Spending Category | Description | Amount |
|------------------------------|-------------|--------|
| Administrative Costs: | | |



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| | | |
|--|---|------------------|
| Executive Director/Project Head Salary and Benefits | | |
| Other Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | Subcontract with each of the five Florida Children's Initiatives (\$200,000 per community). | 1,000,000 |
| Operational Costs: | | |
| Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | |
| Total State Funds Requested (must equal total from question #6) | | 1,000,000 |

11. Program Performance:

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

Reduce the number of verified child abuse and neglect cases; Reduce the number of children removed from their homes by the Department of Children and Families; Reduce teen pregnancy rates.

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. 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; life skills training, and/or financial literacy.

d. 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.

e. 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.

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?

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



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13. Requestor Contact Information:

- a. **Name:** Winnie Heggins
- b. **Organization:** Ounce of Prevention
- c. **E-mail Address:** Wheggins@ounce.org
- d. **Phone Number:** (850)933-2846

14. Recipient Contact Information:

- a. **Organization:** Ounce of Prevention fund Florida
- b. **County:** Statewide
- 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:** Winnie Heggins
- e. **E-mail Address:** wheggins@ounce.org
- f. **Phone Number:** (850)933-2846

15. Lobbyist Contact Information

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