

LFIR # 1071

1. Project Title Nancy J. Cotterman Center Advocacy Program

2. Senate Sponsor Lauren Book

3. Date of Request 02/03/2023

4. Project/Program Description

Expand trauma informed services to provide survivors of child abuse and sexual violence and non-offending family members support through the investigation and healing process, as well as survivors of human trafficking or those at risk of HT. Staff will work to link survivors with needed intervention services and assist in navigating through the investigation/prosecution phase, assistance with completing documentation including crime victim compensation; and attending MDT meetings.

5. State Agency to receive requested funds Dep

Department of Legal Affairs and Attorney General

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding | Amount |
|-----------------------------|---------|
| Operations | 438,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 438,000 |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding | Amount | Percentage | |
|--|---------|------------|--|
| Total State Funds Requested (from question #6) | 438,000 | 100% | |
| Matching Funds | | | |
| Federal | 0 | 0% | |
| State (excluding the amount of this request) | 0 | 0% | |
| Local | 0 | 0% | |
| Other | 0 | 0% | |
| Total Project Costs for Fiscal Year 2023-2024 | 438,000 | 100% | |

8. Has this project previously received state funding? Yes

| Fiscal Year | Amount | | Specific | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | |
| 2021-22 | 0 | 306,000 | | No |

9. Is future funding likely to be requested?

| Yes | |
|-----|--|
| | |

450,000

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

No other sources of funding will be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No



If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

- 11. Status of Construction
 - a. What is the current phase of the project?

OPlanning ODesign OConstruction

- b. Is the project "shovel ready" (i.e permitted)?
- c. What is the estimated start date of construction?
- d. What is the estimated completion date of construction?
- 12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

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

| Spending Category | Description | Amount |
|---|---|---------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/ Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | -Two full-time Human Trafficking Coordinators (One Human Services Coordinator and one Behavioral Health Clinician) -Two full-time Family Advocates/Behavioral Health Clinicians -One full-time Office Support Specialist | 433,500 |
| Expense/Equipment/Travel/Supplies/ Other | Office supplies and cellphone. | 4,500 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| Total State Funds Requested (m | ust equal total from question #6) | 438,000 |

14. Program Performance

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



Expand trauma informed services to provide survivors of child abuse and sexual violence and non-offending family members support through the investigation and healing process, as well as survivors of human trafficking or those at risk of HT. Staff will work to link survivors with needed intervention services and assist in navigating through the investigation/prosecution phase, assistance with completing documentation including crime victim compensation; and attending MDT meetings.

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

The program will complete approximately 50 educational sessions on topics related to Human Trafficking. Participants will be evaluated and referred for trauma informed care and psychotherapy. Participants will be linked with community providers of high school education, GED, and/or vocational programs and college preparatory programs.

c. What direct services will be provided to citizens by the appropriation project?

Citizens who are survivors of sexual violence, human trafficking or child abuse will receive crisis intervention services to assess and address immediate emotional and physical needs and safety. Information and referrals to needed and/or specialized services and resources. Advocacy by acting on behalf of survivors or providing significant assistance to help them access services.

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

Elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless persons, developmentally disabled persons, pre-school students, grade school students, high school students, university/college students, and victims of crimes.

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

be measured?

The expected benefit of this project will be to improve the quality of education and mental health of the resources available for victims of sexual violence and human trafficking.

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 the contract?

Reduction in approved appropriations.

15. Requester Contact Information

| a. First Name | Carol | Last Name | Cook | |
|-----------------------------------|--|-----------|------|--|
| b. Organization | Broward County Board of County Commissioners Crisis Intervention Support Division | | | |
| c. E-mail Address | ccook@broward.org | | | |
| d. Phone Number | (954)357-9590 | Ext. | | |
| 16. Recipient Contact Information | | | | |
| a. Organization | Broward County Board of | County | | |

| Commissio | Commissioners | | |
|----------------------------|---------------|--|--|
| b. Municipality and County | Broward | | |

c. Organization Type

□For Profit Entity

□Non Profit 501(c)(3)

□Non Profit 501(c)(4)



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| ☑Local Entity | | | | |
|----------------------------------|---------------------|-----------|--------|--|
| University or Co | llege | | | |
| □Other (please sp | pecify) | | | |
| d. First Name | Ana | Last Name | Ferrer | |
| e. E-mail Address | aferrer@broward.org | | | |
| f. Phone Number | (954)357-5765 | | | |
| 17. Lobbyist Contact Information | | | | |
| a. Name | Monica Rodriguez | | | |
| b. Firm Name | | | | |
| c. E-mail Address | | | | |
| d. Phone Number | | | | |