

1. Project Title

2. Senate Sponsor

3. Date of Request

Keith Perry

02/10/2023

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

Retention Plan for DJJ Contracted Direct-Care Staff

LFIR # 1252

4.	. Project/Program D	escription							
	care staff employed working directly with	equest for \$2,000,00 I by contracted provi n children under the ed on the longevity of	ders of the Flor Department's o	rida E care,	epartin control	nent of Juvenil , and custody	e Justice. Current o would receive annu		
5.	. State Agency to re	ceive requested fu	nds Depa	artme	nt of J	uvenile Justice	;		
	State Agency cont	•							
	State Agency Cont	acted? Yes							
6.	Amount of the Non	recurring Request	for Fiscal Yea	r 202	23-202	1			
	Type of Funding				Amount				
	Operations						2,000,000		
	Fixed Capital Outla	Fixed Capital Outlay					0		
	Total State Funds	Requested					2,000,000		
_									
7.	Total Project Cost	for Fiscal Year 2023	3-2024 (includ	ing r	natchii	ng tunds avai	lable for this proj	ect)	
	Type of Funding				Am	ount	Percentage		
	Total State Funds F	Requested (from que	stion #6)			2,000,000	100%		
	Matching Funds								
	Federal					0	0%		
	State (excluding the	e amount of this requ	est)			0	0%		
	Local					0	0%		
	Other	Other			0				
	Total Project Cost	s for Fiscal Year 20	23-2024			2,000,000	100%		
_					.,	7			
8.	. Has this project pr	eviously received s	state funding?	•	Yes				
	Fiscal Year	Amount			Specific		Vetoed		
	(уууу-уу)	Recurring	Nonrecurri	าต		opriation #			
	2021-22	0	1,000	_		1162	No		
_	la fotoma formalia a li	lahata ka mamuaata	-10		V	1			
9.	. Is future funding li	kely to be requeste	a ?	l	Yes			1	
a. If yes, indicate nonrecurring amount per year.									
	b. Describe the so	urce of funding tha	t can be used	in li	eu of s	tate funding.			
	There is no additionagreements that do	onal funding available o not provide for rete	e as all existing	fund ations	ing is p	provided throug	gh contractual		
44	N Has the entity rea	ulostina this proise	t received en	v fod	oral as	eistanaa rala	ted to the COVID	10 nandomic?	
11	0. Has the entity red	_{tuesting tins projet}	t received any	y ieu	ciai de	sistance rela	ted to the COVID-	19 panuemic :	
	No								



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Complete questions 11 and 12 for Fixed Capital Outlay Projects						
1. Status of Cons	struction					
a. What is the current phase of the project?						
Planning	ODesign	Construction				

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

C	. What is the estimated completion date of construction?			
	List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the enti-	fixed capital	outlay funding.	. Include the

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

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

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	Provide retention compensation to direct-care staff of providers contracted with the Department of Juvenile Justice based on longevity of employment and performance.	2,000,000
Expense/Equipment/Travel/Supplies/ Other		0
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)	2,000,000

14. Program Performance

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

Request \$2,000,000 in non-recurring GR to provide for a staff retention plan to assist in retaining juvenile justice direct care staff employed by contracted providers of the Florida Department of Juvenile Justice. Current contracted employees working directly with children under the Department's care, control, and custody would receive annual retention compensation based on longevity of employment and performance.



15.

16.

☑Other (please specify) State Agency

Sam

d. First Name

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

The requested fur delivery provided by	nds will assist in retaining hoy direct care staff to youth	igh performin within Florida	g, trained, and quality sa's juvenile justice syste	taff and increase the level of service m.
c. What direct ser	vices will be provided to	citizens by t	he appropriation proje	ect?
Juvenile Assessm	ent Center screening, Cas	e Manageme	nt, Residential Care Su	pervision.
d. Who is the targ	et population served by t	this project?	How many individuals	s are expected to be served?
Direct-care staff o	f contracted providers for t	he Florida De	partment of Juvenile Ju	stice.
e. What is the exp	ected benefit or outcome	of this proj	ect? What is the metho	odology by which this outcome will
be measured?				
accordance with plappropriation in he	roviso, a report will be prod	luced by Dep ngst DJJ con	artment of Juvenile Just	Pending appropriation of dollars and in tice regarding the efficacy of the ubmitted to House and Senate Budget
f. What are the su	ggested penalties that th	e contractin	g agency may conside	er in addition to its standard penalties
for failing to meet	deliverables or performa	ance measur	es provided for the co	ntract?
Compensation crit	teria will be pre-determined juirements.	d, and compe	nsation will be distribute	ed to staff members that meet longevity
Requester Contact	t Information			
a. First Name	Christian	Last Name	Minor	
b. Organization	Florida Juvenile Justice A			
c. E-mail Address				
d. Phone Number	<i>"</i>	Ext.		
Recipient Contact		1		
a. Organization	Florida Department of Juv	venile Justice		
b. Municipality and				
c. Organization Ty				
□For Profit Entity	•			
•	.)(0)			
□Non Profit 501(d				
□Non Profit 501(d	c)(4)			
□Local Entity				
□University or Co	llege			

Last Name Kerce



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f. Phone Number	(850)933-9613				
17. Lobbyist Contact Information					
a. Name	Christian Minor				
b. Firm Name					
c. E-mail Address	cminor@fjja.org				
d. Phone Number	(321)223-4232				