

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Baptist Children's Home - Brave Moms Program
2. Date of Submission: 10/02/2017
3. House Member Sponsor: Scott Plakon
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		400,000	400,000		600,000	600,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Financial consequences - repaying of funds

6. Requester:

- a. Name: Jerry T. Haag
- b. Organization: Florida Baptist Children's Homes
- c. Email: jerry.haag@fbchomes.org
- d. Phone #: (863)687-8811

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Pam Whitaker
- b. Organization: Florida Baptist Children's Homes
- c. Email: pam.whitaker@fbchomes.org
- d. Phone #: (863)577-4468

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Florida Baptist Children's Homes
- b. County (County where funds are to be expended): Duval, Lake, Miami-Dade, Polk
- c. Service Area (Counties being served by the service(s) provided with funding): Duval, Lake, Miami-Dade, Polk

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

Provide services to single mothers with children to self sufficiency and as a consequence prevent family disruption and create family stability and unity.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salary and Benefits for 1 Executive Director	77,250
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Administrative oversight by Vice President of Programs salary & benefits	37,250
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel-supervision of programs at various sites Educational materials Office equipment - laptops	20,500
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary and benefits for 4 supervisors and 4 part time Family Life Coordinators	250,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel - Supervision of programs at various sites, educational materials, office equipment - laptops	15,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction, Renovation and up-keeping as Brave Moms exit the program and new Brave Moms enter the program - expansion across the state in specified counties.	200,000
TOTAL		600,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Letter of support from DCF Secretary Mike Carroll

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Housing, financial and budgeting education, vocational counseling, counseling-relation building, self esteem, tangible services - food, clothing, diapers, referrals for various resources in the community - additional mental health or substance abuse, housing, child care.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Case Management, mentoring, residential services.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Single Mothers with children

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	100% of single mothers & children clients in the program will be (1) assessed for physical needs (2) receive routine and as needed medical & dental care, (3) participate in a variety of health educational trainings.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at a completion of the program.
<input checked="" type="checkbox"/> Improve mental health	No crisis psychiatric hospitalization or Baker Acts, 80% compliance with mental health goals if receiving specific mental health services from outside provider and decreased stress levels by 50% for those not involved in specific mental health treatment services.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	100% of Single Mothers clients will receive educational guidance, resources, access to educational funding opportunities (scholarships available to the organization) and support to enhance their economic growth towards financial stability.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and		

wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	100% of Single Mother Clients will be (1) assessed for transportation needs, (2) provided referrals and resources for transportation.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program.
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	100% of Single Mother clients will save 30% of their income and work individually with the Brave Moms Supervisor regarding their individualized budget sheet to gain financial self-sufficiency.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program & tracking via Budget Sheet
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	100% of Single Mother clients will receive substance abuse education, prevention practices and appropriate referrals.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis, as needed, and assessed at completion of the program.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	100 % of the Single Mother Clients will incur any new law violations (felony charges) during their program stay and will receive support, guidance and educational needs as appropriate.	Incident Reports, Individualized Plan of Services specific to goals related to areas that could lead to potential law violations, tracked in database system - Revolve.

<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	600,000	87.5%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	86,000	12.5%	Yes
TOTAL	686,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 years

≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

ongoing activity ? no total cost

<1M

1-3M

>3-10M

>10M