

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: A Safe Haven for Newborns
2. Date of Submission: 01/22/2016
3. House Member Sponsor(s): Manny Diaz

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
- b. What is the most recent fiscal year the project was funded? 2013-14
- 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 (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					0	300,000	300,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Nick Silvero
- b. Organization: Gloria M. Silvero Foundation
- c. Email: safehaven@asafehavenfornewborns.com
- d. Phone #: (786)246-1304

6. Organization or Name of Entity Receiving Funds:

- a. Name: Gloria M. Silvero Foundation
- b. County (County where funds are to be expended) Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding) Miami-Dade

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The requested funds will help A Safe Haven for Newborns continue operations of raising awareness and maintaining a statewide safety net for vulnerable parents who are considering abandoning their infant in otherwise unsafe places.

Identify expected program results and the expected benefit associated from the requested funds.

To date, over 5,000 women have been assisted in their times of need/crisis. The program fully expects to continue serving these vulnerable populations as well as ensure the safety and future of Florida's most vulnerable population: infants.

Who will benefit from receipt of State funds?

Infants in at-risk populations subject to abandonment, Florida's parents, the legal system and courts through lower costs of litigation and incarceration.

What specific measures will be used to document performance data for the project, if it receives funds?

Survey of the number of FL residents reached with specific public awareness campaigns. Number of newborns saved would be a direct measure of performance.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 300,000 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

No