

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: Children of Inmates, Inc. Statewide Expansion Efforts
2. Date of Submission: 12/23/2015
3. House Member Sponsor(s): Mia Jones

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? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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	350,000	350,000	0	250,000	500,000	750,000

- 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: Shellie Solomon
- b. Organization: Children of Inmates
- c. Email: sesolomon@jssinc.org
- d. Phone #: (305)788-3154

6. Organization or Name of Entity Receiving Funds:

- a. Name: Children of Inmates, Inc
- b. County (County where funds are to be expended) Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding) Baker, Broward, Duval, Escambia, Gadsden, Hernando, Hillsborough, Leon, Miami-Dade, Monroe, Palm Beach, Pasco

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.)

Children of Inmates, Inc. is a registered 501-c(3) nonprofit organization committed to providing wrap around care coordination and family reunification programming to the over 200,000 children throughout the state impacted by parental incarceration. Research indicates that children with an incarcerated parent are at increased risk for exhibiting antisocial behavior and for developing mental illness due to early exposure to trauma and the impacts of parental separation. As such, children with an incarcerated parent are statistically more likely to be involved in the criminal justice themselves as compared to their peers. COI works in conjunction with the Florida Department of Corrections to identify, locate and enroll these children. COI coordinates quarterly bonding visits to fourteen (14) state correctional institutions transporting children and caregivers for special bonding visits with their incarcerated parents. These bonding visits include civic engagement lessons and corresponding activities, family meals and promotes bonding between the child and incarcerated parent. Furthermore, COI employs masters level social workers to work with families to provide comprehensive care coordination to help mitigate the psychosocial and economic impacts of parental incarceration. With a \$750,000 state appropriation, Children of Inmates will provide family reunification and care coordination services to 750 children residing in Monroe, Dade, Broward, Palm Beach, Hillsborough, Polk, Hernando, Pascoe, Duval, Gadsden and Leon counties. COI closely monitors program effectiveness, measuring perceived attachment between child and incarcerated parent, exhibition of anti-social behaviors by child and level of family self-sufficiency.

In the FY 2015-16, there were two (2) provisos included in the state budget; Justice Appropriations- \$350,000 and Healthcare Appropriations- \$350,000. The \$350,000 from Healthcare Appropriations was vetoed.

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

Federal: 0

State: 750,000 (Excluding the requested Total Amount in #4d, Column G)

Local: 645,000

Other: 24,750

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

Yes