

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: Friends of the Children's Advocacy Center of Brevard Facility
2. Date of Submission: 01/22/2016
3. House Member Sponsor(s): Steve Crisafulli

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- 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	1,500,000	1,500,000

- 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: Delores Spearman
- b. Organization: Friends of the Children's Advocacy Center of Brevard
- c. Email: deloresspearman@bellsouth.net
- d. Phone #: (321)543-6330

6. Organization or Name of Entity Receiving Funds:

- a. Name: Friends of the Children's Advocacy Center of Brevard
- b. County (County where funds are to be expended) Brevard
- c. Service Area (Counties being served by the service(s) provided with funding) Brevard

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 \$1.5 million in requested funding will be used by the Friends Board to secure a permanent building for the CACB. The primary goal of the Friends Board is to secure a child-friendly facility that will house child welfare, law enforcement, and mental health professionals who evaluate the needs of abused and neglected children and their non-offending family members. The CACB is currently housed in a temporary location after the original site was repurposed by Wuesthoff Medical Center. In FY 2014 alone, the CACB evaluated 1458 children suffering from some form of abuse or neglect; 674 of these children ranged in age from birth to 6 years. Of the total number of children served in FY 2014, over 1000 were subjected to physical and sexual abuse. Under the supervision of the medical director, CACB staff members conduct medical exams and consultations, forensic interviews, specialized interviews, mental health counseling, and victim advocacy. A new facility designed specifically to serve the comfort and safety of these victims of crime is the top priority of the Friends Board and the CACB. Funds appropriated by the legislature will not be used to support salaries or programs. Our ongoing private fundraising and planned major gifts campaign will focus on facility improvements, if needed, and the outfitting of forensic exam rooms, interview equipment, and other resources necessary to serve the survivors of child abuse and sexual assault.

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

- Federal: 0
- State: 0 (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