

# 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: My Children's Keeper
2. Date of Submission: 02/26/2016
3. House Member Sponsor(s): Darryl Rouson

## 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 )	<b>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b>  (Nonrecurring is one time funding & must be re-requested every year)	<b>Total Funds Requested Over Base Funding</b>  (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					0	750,000	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: Carl Lavender
- b. Organization: Mount Zion Human Services
- c. Email: clavender0822@gmail.com
- d. Phone #: (727)235-8113

6. Organization or Name of Entity Receiving Funds:

- a. Name: Mount Zion Human Services
- b. County (County where funds are to be expended) Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding) Pinellas

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 funds will target fatherlessness and youth gun violence in St. Petersburg. The program is partnered with the city of St. Petersburg which will utilize an additional \$1,000,000 in funding from the city to serve 300 youth in delinquency intervention and diversion programs. These family strengthening/father engagement programs strengthen the connection to faith and are collaborating to serve the 160 fathers and mothers, who will be matched--after evidence-based assessment--to a program best suited to help them increase engagement in their children's lives and education, dramatically reducing the instances of fatherlessness.

In addition, each parent served will be connected with a common base of fully-integrated programs that help them grow their incomes and financial capacity to support children and families and connect them with a network of faith-based and community supports to sustain their lives on a new trajectory.

45% of the funding will support staff costs. 15% of funding will be used to support the life needs of participants. The remaining 40% will cover operational and administrative costs including space and utilities, insurances, office and program supplies, travel and overhead.

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: 1,000,000

Other: 400,000

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

No