Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>ChildNet - Tech Care for Kids Mobile Child Welfare Applications</u>
2. Date of Submission: <u>02/07/2017</u>
3. House Member Sponsor: <u>Evan Jenne</u>
   Members Copied: <u>Joseph Abruzzo</u>

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity?   <u>No</u>
   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?
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 **2016-17** (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY **2017-18** (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
Column:	A	B	C	D	E	F
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)	**Additional Nonrecurring Request**	**TOTAL Nonrecurring Request** (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					1,000,000	1,000,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? <u>No</u>
   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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency.   Department of Children and Families

6. Requester:
    a. Name: Kenny Brighton
    b. Organization: ChildNet
    c. Email: kbrighton@childnet.us
    d. Phone #: (954)414-6000

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
    a. Name: Kenny Brighton
    b. Organization: ChildNet
    c. Email: kbrighton@childnet.us
    d. Phone #: (954)414-6000

8. If there is a registered lobbyist, fill out the lobbyist information below.
    a. Name: Chris Dawson
    b. Firm: Gray Robinson
    c. Email: Chris.Dawson@gray-robinson.com
    d. Phone #: (407)843-8880

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
    a. Name: ChildNet
    b. County (County where funds are to be expended): Broward, Palm Beach
    c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

The overarching purpose of the requested funds is to keep children in the child welfare system safer by improving visitations, investigations and the associated data collection, storage and analysis through the utilization of the Tech Care for Kids Mobile Child Welfare Applications. More specifically, funding will be allocated to increasing the applications' capabilities in terms of functionality and data infrastructure/availability, as well as supporting a one year pilot test of applications.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
☐a. Executive Director/Project Head Salary and Benefits		
☐b. Other Salary and Benefits		
☑c. Expense/Equipment/Travel/Supplies/Other	Expenses/Equipment - Development	227,075
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☑f. Expenses/Equipment/Travel/Supplies/Other	Expenses / Maintenance - Implementation	739,925
☑g. Consultants/Contracted Services/Study	Contracted developer on an as needed basis based on utilization levels	33,000
Fixed Capital Construction/Major Renovation:		

☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)
    N/A

14. Is the project request an information technology project?
    Yes

    14a. Will this information technology project be managed within a state agency to support state agency program goals?
    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:
    Letters of support, stemming from initial testing of the platform, from Children's Home Society in Palm Beach County and SOS Children's village in Broward County.

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. Describe the target population to be served. 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
☐Other (Please describe)

17b. How many in the target population are expected to be served?
○< 25
○25-50
○51-100
○101-200
○201-400
○401-800
◉>800

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

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
☑Improve physical health	Abuse in foster care	Incidents of abuse per 1000 days in foster care
☑Improve mental health	Foster placement stability	moves per 1000 days in foster care
☐Enrich cultural experience		
☐Improve agricultural production/promotion/education		
☑Improve quality of education	Academic success	GPA

☐Enhance/preserve/improve environmental or fish and wildlife quality		
☑Protect the general public from harm (environmental, criminal, etc.)	Public Endangerment	Law enforcement generated incident/ arrest reports
☐Improve transportation conditions		
☐Increase or improve economic activity		
☐Increase tourism		
☐Create specific immediate job opportunities		
☐Enhance specific individual?s economic self sufficiency		
☑Reduce recidivism	Returns to foster care	FSFN database
☑Reduce substance abuse	Drug use	Reports of drug use from caregiver
☑Divert from Criminal/Juvenile justice system	Entries in JJ system	FSFN database
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		
☐Improve drinking water quality		
☐Improve surface water quality		
☑Other (Please describe): Increase utilization of apps	Individual users	Applications generated submissions to FSFN

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?

1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	100.0%	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:	0	0.0%	No
TOTAL	1,000,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
No