Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Children Initiative (FCI)

2. Date of Submission: <u>02/06/2017</u>3. House Member Sponsor: Tracie Davis

Members Copied:

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? 2016-17
- 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 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:	Α	В	С	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:		600,000	600,000		3,500,000	3,500,000

^{5.} Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? No 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 Education

- 6. Requester:
 - a. Name: Winifred Heggins
 - b. Organization: Ounce of Prevention Fund of Florida
 - c. Email: wheggins@ounce.org
 d. Phone #: (850)933-2846
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: Winifred Heggins
 - b. Organization: Ounce of Prevention Fund of Florida
 - c. Email: wheggins@ounce.org d. Phone #: (850)933-2846
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: <u>Yolanda Cash</u> b. Firm: Becker & Poliakoff
 - c. Email: yjackson@bplegal.com
 - d. Phone #: (954)987-7550
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: Ounce of Prevention Fund of Florida
 - b. County (County where funds are to be expended): Duval, Hillsborough, Miami-Dade, Orange
 - c. Service Area (Counties being served by the service(s) provided with funding): <u>Duval, Hillsborough, Miami-Dade, Orange</u>
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit

 - O Non Profit 501(c) (4)
 - O Local Government

0	University or College
0	Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Funding will be invested to: 1. Enroll infants, toddlers and preschoolers in high quality early learning programs; 2. Provide academic support and health promotion programs to K-12 children; 3. Help youth enroll in and complete college; 4. Keep children and teens safe and supervised during out-of-school hours; 5. Increase youth employment; 6. Improve parenting skills and family economic stability.

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		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☑g. Consultants/Contracted Services/Study	Contracted program services with the Florida Children's Initiatives (5 sites)	3,500,000
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		3,500,000

r the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Capital Outlay? was not selected, question 13 is not applicable) A
he project request an information technology project?
there any documented show of support for the requested project in the community including public hearings, letters of support, major zational backing, or other expressions of support?
a. Please Describe: FS 409.147
s the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?
a. Please Describe: Each site uses third party evaluators
II the requested funds be used directly for services to citizens?
a. Describe the target population to be served. Select all that apply to the target population: Elderly persons

☑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? O< 25 O25-50 O51-100 O101-200 O201-400 Ø401-800
O>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	Health/nutrition education and increase physical activity	Attendance, pre/post tests and hours spent in physical activities.
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
☑Improve quality of education	Increase Early learning center enrollment, grade promotion and graduation.	Enrollment, grades/promotion and graduation rates
□Enhance/preserve/improve environmental or fish and wildlife quality		

☑Protect the general public from harm (environmental,	Reduce juvenile arrest rat	es;	Track juvenil	le arrests and offer
criminal, etc.)	increase youth employment		employment	opportunities for teens
□Improve transportation conditions				
Miniprove transportation conditions				
□Increase or improve economic activity				
□Increase tourism				
Lincrease tourism				
□Create specific immediate job opportunities				
TEnhance enceific individual?s economic celf sufficiency				
□Enhance specific individual?s economic self sufficiency				
□Reduce recidivism				
□Reduce substance abuse				
Reduce substance abuse				
☑Divert from Criminal/Juvenile justice system	Reduce juvenile arrest rates;		Track juvenile arrests, track youth	
	increase youth employme	nt; reduce		and provide safe
	school suspensions		structured af	ter school activities
□Improve wastewater management				
□Improve stormwater management				
☐Improve groundwater quality				
□Improve drinking water quality				
☐Improve surface water quality				
Empreve carrage water quanty				
□Other (Please describe):				
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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		of Total y Calculates)	Are the other sources of funds guaranteed in
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writing?

19.

1. Amount Requested from the State in this Appropriations	3,500,000	28.8%	N/A
Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No
Column F)			
4. Local:	8,661,280	71.2%	Yes
5. Other:	0	0.0%	No
TOTAL	12,161,280	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$