

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Nancy J. Cotterman Center's State Attorney Liaison Program

2. Date of Submission: 02/03/2017

3. House Member Sponsor: Jose Diaz

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? 2015-16

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 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i> | | | Develop New Funds Request for FY 2017-18 <i>(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 .)</i> | | |
|--------------------|---|-------------------------------|---|--|--|--|
| | Column: | A | B | C | D | E |
| Funds Description: | Prior Year Recurring Funds | Prior Year Nonrecurring Funds | Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i> | Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i> | Additional Nonrecurring Request | TOTAL Nonrecurring Request <i>(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.)</i> |
| Input Amounts: | | | | | 250,000 | 250,000 |

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 Legal Affairs and Attorney General

6. Requester:

- a. Name: Mandy Wells
- b. Organization: Broward County Human Services Department Community Partnerships Division
- c. Email: mwells@broward.org
- d. Phone #: (954)357-6398

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Miriam Firpo-Jimenez
- b. Organization: Broward County Human Services Department Community Partnerships Division
- c. Email: mfjimenez@broward.org
- d. Phone #: (954)357-5775

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Monica Rodriguez
- b. Firm: Broward County
- c. Email: monica@ballardfl.com
- d. Phone #: (850)577-0444

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

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

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 State Attorney Court Liaison program will use a trauma informed approach and highly skilled staff to engage victims who either do not report the crime for reasons of self-blame or guilt, shame, embarrassment, or are hesitant and mistrusting to engage with law enforcement and the State Attorney's Office. Funding to Nancy J. Cotterman Center's State Attorney Liaison Program will secure staff needed to ensure victims, family members, stakeholders and other community agencies with updates on cu

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: | | |
| <input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits | | |
| <input type="checkbox"/> b. Other Salary and Benefits | | |
| <input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> d. Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| <input checked="" type="checkbox"/> e. Salaries and Benefits | Three full time Behavioral Health Clinician positions: \$205,271.00 | 201,401 |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | One temporary time Office Support Clerk; Travel and training; Communications equipment; Promotional & Office Supplies; Computer Equipment: \$48,599.00 | 48,599 |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |

| | | |
|---|--|---------|
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 250,000 |

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?

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:

Supporters of the Broward County Nancy J. Cotterman Center (NJCC) include, but are not limited to: Florida Department of Law Enforcement, Broward Sheriff's Office, local Law Enforcement, Office of the Attorney General, State Attorney's Office, The Florida Department of Children and Families, Florida Department of Health, Family & Dependency Courts, School Board of Broward Co., the Guardian ad Litem Program, Lauren's Kids Organization, the Florida Network of Children's Advocacy Centers (FNCAC), V

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

The National Women's Study Replication, funded by the National Institute of Justice, in 2005 found that nationally only 18% of forcible rapes are reported to law enforcement. And, the study found only 10% of drug and alcohol facilitated rapes are reported. Therefore, on average 82% of sexual assault are not reported to the police and even when the crime is reported, it is unlike to lead to an arrest and prosecution. Unfortunately, out of every 100 instances of rape, only seven (7) lead to an a

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 |
|---|---|--|
| <input checked="" type="checkbox"/> Improve physical health | Community participants will be screened for physical injury due to victimization. | Client self-report |

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Improve mental health | Community participants will be referred for trauma informed care and psychotherapy | Referrals to Broward County community agencies |
| <input type="checkbox"/> Enrich cultural experience | | |
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input checked="" type="checkbox"/> Improve quality of education | Community participants will be provided with information and brochures on physical, emotional, and cognitive impact of victimization. | Number of informational brochures distributed to victims. |
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality | | |
| <input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | The program will complete 100 community awareness presentations on Sexual Assault and Child Abuse. | Roster of community participants. |
| <input type="checkbox"/> Improve transportation conditions | | |
| <input type="checkbox"/> Increase or improve economic activity | | |
| <input type="checkbox"/> Increase tourism | | |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | The program will hire four positions (three full time and one temporary). | New hire documentation for Broward County, FL |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency | | |
| <input checked="" type="checkbox"/> Reduce recidivism | Increase collaboration between victims and law enforcement and State Attorney's Office. | Number of participants supported throughout the reporting process. |
| <input type="checkbox"/> Reduce substance abuse | | |
| <input type="checkbox"/> Divert from Criminal/Juvenile justice system | | |

| | | |
|---|--|--|
| <input type="checkbox"/> Improve wastewater management | | |
| <input type="checkbox"/> Improve stormwater management | | |
| <input type="checkbox"/> Improve groundwater quality | | |
| <input type="checkbox"/> Improve drinking water quality | | |
| <input type="checkbox"/> Improve surface water quality | | |
| <input type="checkbox"/> Other (Please describe): | | |

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: | 250,000 | 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 | 250,000 | 100% | |

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

Yes

20a. How much state funding would be requested after 2017-18 over the next 5 years?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 years

≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

ongoing activity ? no total cost

<1M

1-2M

>2-3M

>3-10M

>10M