

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Nancy J Cotterman Center, State Attorney Liaison Project

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Daniel Perez

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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, Col. E***
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds  (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		200,000	200,000		250,000	250,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? State Court System

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

N/A

6. Requester:

- a. Name: Mandy Wells
- b. Organization: Broward County Human Services Department Community Partnerships Division
- c. Email: mwells@broward.org
- d. Phone #: (305)357-6398

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Miriam Firpo-Jimenez
- b. Organization: Broward County Human Services Department Community Partnerships Division Nancy J. Cotterman Center
- c. Email: mfjimenez@broward.org
- d. Phone #: (954)357-5754

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Broward County Human Services Department
- 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?

Program will secure 4 staff positions needed to ensure victims, family members, stakeholders and other community agencies with updates on current laws, regulations and victim assistance, along with training to SAO on issues related to physical and sexual abuse. Courtroom orientation and accompaniment will also be offered in addition to referrals to social service agencies, assistance and follow up on filing Florida Crime Victim Compensation claims. Increase the likelihood of successful prosecuti

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) 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	Full time behavioral health clinicians X3 (\$68,423.66 each)	205,271
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel/Training/Supplies	9,369
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted Temp Office Support Staff X1	35,360
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 (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

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 include, but are not limited to: The Florida Department of Children and Families, Florida Department of Health, Florida Department of Law Enforcement, Broward Sheriff's Office, local Law Enforcement, Office of the Attorney General, State Attorney's Office, Family & Dependency Courts, School Board of Broward Co., the Guardian ad Litem Program, Lauren's Kids Organization, Victim Advocates, and community

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:

In a 2007 study funded by the U.S. Department of Justice found there are a few common themes why victims of sexual violence do not report the crime:

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Funds will be used to provide direct services to Broward County victims, family members, stakeholders and other community agencies.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Direct services include: updates on current laws, regulations and victim assistance, along with community awareness and trainings to SAO on issues related to physical and sexual abuse. Courtroom orientation and accompaniment will also be offered in addition to referrals to social service agencies, assistance and follow up on filing Florida Crime Victim Compensation claims. Lastly, the program will serve to ensure the Assistant State Attorney is apprised and updated on any issues and challenges e

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").  
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
- ☐ General (The majority of the funds will benefit no specific group)
- ☐ Other (Please describe)

17d. 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 each Benefit/Outcome 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 and assessed for physical injury due to victimization.	client self report.
<input checked="" type="checkbox"/> Improve mental health	Participants will be referred for trauma informed care 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	Participants will be provided with information and brochures on physical, emotional and cognitive impact of victimization.	Satisfaction Surveys and number of informational brochures distributed.
<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 violence 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 direct services positions (three full time clinicians and one contracted office support staff).	New hire documentation, Broward County, FL. Master Agreement documentation for contractual temporary positions.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Increase collaboration between victims, law enforcement	Number of participants supported throughout the reporting process.

	municipalities, and State Attorney's Office.	
<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 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	250,000	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	250,000	50.0%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>500,000</b>	<b>100%</b>	

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 2018-19 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

☐ 1-3M

☐ >3-10M

☐ >10M