

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Florida Center for Early Childhood - Early Childhood Court
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Margaret Good  
Members Copied:

### 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, Col. E*
- 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:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					320,000	320,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? Department of Children and Families
  - 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.

A corrective Action Plan would be completed with mandatory deadlines. If deadlines/actions were not achieved, agency would be placed on probation.

6. Requester:

- a. Name: Kathryn Shea, LCSW
- b. Organization: The Florida Center for Early Childhood
- c. Email: kathryn.shea@thefloridacenter.org
- d. Phone #: (941)650-6592

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

- a. Name: Charmian Miller
- b. Organization: The Florida Center for Early Childhood
- c. Email: charmian.miller@thefloridacenter.org
- d. Phone #: (941)650-6592

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

- a. Name: Robert Hawkin
- b. Firm: Leath Consulting
- c. Email: hawk@leathfl.com
- d. Phone #: (850)509-5900

9. Organization or Name of entity receiving funds:

- a. Name: The Florida Center for Early Childhood
- b. County (County where funds are to be expended): DeSoto, Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): DeSoto, Sarasota

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?

To expand Early Childhood Court in Sarasota County and to initiate Early Childhood Court in Desoto County.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	CEO, COO	11,758
<input checked="" type="checkbox"/> b. Other Salary and Benefits	CFO, HR, Payroll, accts. payable/receives	12,815
<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	50% Program Director 50% Asst. Program Director 100% Child Welfare Case Manager 100% licensed mental health clinician 50% family advocate, 100% community coordination, 25% MH director	278,242
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Operating Supplies, IT Support, Telephones, Insurance, Travel (Class A and B), Training, Client Assistance.	17,185
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		320,000

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

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:

Yes. This project is supported by Sarasota County Government, Manatee County Government, Office of Court Administration, Sarasota Family YMCS Safe Children Coalition, Manatee Sheriff's Office, Department of Children and Families, Family Safety Alliance, Early Childhood Court Stakeholder's Committee, and many community partners.

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

Intensive child welfare case management activities, frequent child-parent psychotherapy, frequent (3-4X/week) parent/child visitation, transportation, monthly family team meetings, monthly court appearances.

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

Case management services, child-parent psychotherapy, therapeutic consultation with foster parents, teachers, other caregivers, child/foster parent transportation, supervised visitation.

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	All children enrolled receive immunizations of time.	Case manager will document all immunization dates
<input checked="" type="checkbox"/> Improve mental health	Child will resolve incurred trauma and improve emotional skills. Parents will resolve underlying trauma and improve parent-child relationship.	Child trauma checklist completed every three months. Parent trauma checklist and Parent-Child Quality Relationship Scale completed every 3 months.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Fewer parents/children enrolled in project will return to care once	State DCF data tracking system

	reunification is achieved.	
<input checked="" type="checkbox"/> Reduce substance abuse	Parents who have achieved sobriety will enroll in ECC and maintain sobriety for 6 months post-reunification	State DCF data tracking system
<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 2020-21 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:	320,000	68.8%	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:	130,000	27.9%	Yes
5. Other:	15,384	3.3%	No

TOTAL	465,384	100%	
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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 2020-21 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