

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: One More Child - Single Moms Program
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Josie Tomkow  
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, Col. E***
- b. What is the most recent fiscal year the project was funded? 2019-20
- 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:

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:		200,000	200,000		950,000	950,000

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.  
Repayment of Funds

6. Requester:

- a. Name: Jerry T. Haag
- b. Organization: One More Child
- c. Email: jerry.haag@onemorechild.org
- d. Phone #: (863)687-8811

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

- a. Name: Pam Whitaker, Ed.D LMCH
- b. Organization: One More Child, Vice President of Programs
- c. Email: pam.whitaker@onemorechild.org
- d. Phone #: (863)577-4468

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

- a. Name: Jon Johnson
- b. Firm: Johnson & Blanton
- c. Email: jon@teamjb.com
- d. Phone #: (850)224-1900

9. Organization or Name of entity receiving funds:

- a. Name: One More Child
- b. County (County where funds are to be expended): Alachua, Duval, Hillsborough, Leon, Manatee, Miami-Dade, Polk, Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Duval, Hillsborough, Leon, Manatee, Miami-Dade, Polk, 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?

Expand and increase residential and non-residential capacity for a prevention centric program that is designed to keep families together to avoid entrance into the foster care system and therefore avoid the trauma of family separation and negative economic impacts to the state. The prevention program, to include community education, utilizes a protective factors approach and trauma informed practices promotes healthy family functioning and economic self sufficiency.

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	Salary and benefits for 1 Executive Director	44,530
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office equipment, supplies and travel	12,490
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries and benefits for direct care staff	191,519
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Provide direct care services for single moms and their children. Services include secure housing, 12 month curriculum for residential clients and 11 week curriculum for non-residential program, life skills training, job skills training, parenting classes, educational classes, and nutritious	701,461

	meal preparation.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		950,000

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:

Letter of support from former DCF Secretary Mike Carroll

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?

Support, counseling, education, case management, vocational skills/educational, residential care.

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

Provide direct care services for single moms and their children. Services include secure housing, 12 month curriculum for residential clients and 11 week curriculum for non-residential program, life skills training, job skills training, parenting classes, educational classes, and nutritious meal preparation.

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): Struggling Single Mothers with children

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	As a result of participation in the program, each single mom will report at least one increased healthy habit, e.g. nutritional, physical activity, decreased stress, etc.	Bio-Psycho Assessment -well being Plan of Service goals Quality of Life Inventory
<input checked="" type="checkbox"/> Improve mental health	As a result of access to mental health services through the program, each single mom will report no incidents of Baker Acts, and achieve progress in their plan of service goal related to mental health needs..	Quality of Life Inventory Protective Factors Survey Plan of Service Incident Reports
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Single Moms in the program will report increased knowledge of educational opportunities, actions to acquire and implementation of educational pursuits to enhance their education status, e.g. GED, College and vocational.	Plans of Service Life Skills Training Vocational Counseling Quality of Life Inventory
<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 checked="" type="checkbox"/> Improve transportation conditions	100% of Single Mother Clients will be assessed for transportation needs, provided referrals and resources for transportation.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program.
<input checked="" type="checkbox"/> Increase or improve economic activity	Single Moms will save 30% of their income as a savings account provided at discharge, establish a budget, and learn financial educational skills for economic family improvement status.	Plan of Service goals, monthly budget meetings, savings account.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Single moms will be exposed to job opportunities via resources in the community, provided vocational guidance and education, and required to obtain and maintain employment while in the program.	Plan of Services goals, monthly meetings with counseling/guidance.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	90% of Single Moms will not have their children placed in out of care (DCF) placements.	Individualized Plan of Services goals as established at admission and tracked per incident reporting and data base.
<input checked="" type="checkbox"/> Reduce substance abuse	Single Moms will be referred to substance abuse prevention opportunities to mitigate recidivism regarding substance abuse usage and will be expected to refrain from	Plan of Service goals, counseling, guidance and supervision via documentation.

	usage to remain in the program.	
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	100% of the Single Moms will not incur any new law violations (felony charges) during their program stay and will receive support, guidance, and educational needs as appropriate.	Incident Reports, Individualized Plan of services specific to goals related to areas that could lead to potential law violations, tracked in database system-Revolve.
<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:	950,000	90.5%	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:	100,000	9.5%	Yes

TOTAL	1,050,000	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