

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Place of Hope's Child Welfare, Foster Care and Human Trafficking Prevention and Education Initiatives
2. Date of Submission: 10/16/2019
3. House Member Sponsor: Rick Roth
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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					750,000	750,000

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? No
 - 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.
Failure to meet deliverables without notification of good reasoning, will result in financial penalties as described in contract

6. Requester:

- a. Name: Charles Bender III
- b. Organization: Place of Hope, Inc.
- c. Email: charlsb@placeofhope.com
- d. Phone #: (561)775-7195

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

- a. Name: Charles Bender III
- b. Organization: Place of Hope, Inc.
- c. Email: charlsb@placeofhope.com
- d. Phone #: (561)775-7195

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

- a. Name: M. Jordan Connors
- b. Firm: Jordan Connors Group, Inc.
- c. Email: Jordan@jordanconnors.com
- d. Phone #: (904)206-1604

9. Organization or Name of entity receiving funds:

- a. Name: Place of Hope, Inc.
- b. County (County where funds are to be expended): Broward, Indian River, Martin, Miami-Dade, Okeechobee, Palm Beach, St. Lucie
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Indian River, Martin, Miami-Dade, Okeechobee, Palm Beach, St. Lucie

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?

These funds would allow Place of Hope, Inc. to continue to meet the unprecedented increases in regional placement needs for Florida's abused and neglected children, victims of human trafficking and otherwise homeless young adults. Place of Hope, Inc. would continue to provide human trafficking prevention and education to youth at-risk and the public in general. Place of Hope, Inc. will also continue providing human trafficking recovery services for victims.

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 checked="" type="checkbox"/> b. Other Salary and Benefits	To cover the cost of staff members responsible for trafficking prevention, education and recovery, foster care recruitment, training, and licensing.	333,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Computers, software and cell phones.	67,500
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	To cover the cost of staff members responsible for trafficking prevention, education and recovery, providing daily care for youth in programs.	282,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Computers, software and cell phones.	67,500
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

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:

Letters of support and local family foundations support.

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?

The request includes funding for program operating expenses associated with our "seamless" provision of programming, housing and therapeutic support for sexually exploited adolescent youth and other victims of human trafficking throughout Florida. The funding request will also help to develop our highly sought Human Trafficking Prevention and Education Classes for at-risk youth and community members.

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

We also provide assessment center and emergency shelter, foster care options, maternity care, enhanced family-style group care, Extended Foster Care (EFC) and post-emancipation transitional and supportive housing programs (multiple locations) for victims of human trafficking throughout Florida. Place of Hope also provides human trafficking prevention and education for at-risk youth (to recognize potential situations of human trafficking) as well as community members

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): Human Trafficking

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	Safety, wellness checks. Increased physical activity.	Removal from trafficking situations; doctor visits. After school programs and wellness training.
<input checked="" type="checkbox"/> Improve mental health	Counseling and therapy provided.	Weekly visits with therapists.
<input checked="" type="checkbox"/> Enrich cultural experience	Enrichment center/programs. Human Trafficking prevention and education presentations.	Trips, family experiences, career day presentations. Tracking number of community presentations and groups.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Education support.	Mentors, Tutors, education support.
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increase job skill.	Job training, placement and mentoring.

<input checked="" type="checkbox"/> Reduce recidivism	Foster permanency.	Support family reunification and adoption. Provide independent living skills.
<input checked="" type="checkbox"/> Reduce substance abuse	Increase awareness and education.	Ongoing independent living skills training.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Oversight and family structure.	Training and structured program.
<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:	750,000	66.7%	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:	375,000	33.3%	Yes

TOTAL	1,125,000	100%	
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20. Is this a multi-year project requiring funding from the state for more than one year?

No