

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The MeMom Safe Place Foster and Family Center
2. Date of Submission: 10/30/2019
3. House Member Sponsor: Barbara Watson
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:					390,000	390,000

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.
If deliverables or performance measures are not met, funds shall be returned as warranted.

6. Requester:

- a. Name: Brigitte Jenkins
- b. Organization: MeMom Safe Place Forster & Family Center
- c. Email: Msging001@yahoo.com
- d. Phone #: (305)343-2701

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

- a. Name: Brigitte Jenkins
- b. Organization: MeMom Safe Place Forster & Family Center
- c. Email: Msging001@yahoo.com
- d. Phone #: (305)343-2701

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: MeMon Safe Place Foster & Family Center
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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?

Foster & Respite Care, Kids in distress-24 hour emergency center, keeping sibling together. Safe place for LGBTQ and questioning youths. Home for Pregnant Teen Moms & Dads, who cannot find homes while in foster care, teaching co-parenting & parenting classes with independent survival skills, moms and dads. Providing housing for homeless student that are enrolled in college, housing for extended foster care young adults for a short period of time while educating them with survival skills.

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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Out source agencies to help with tracking and wrap around services	75,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Placement Specialist, Recruitment Specialist, Educators, Teachers, RN's, LPN,s,	85,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Seminars, convention, Travel Expense Transport Vans, Classroom education- GED, Home Economics, Construction, Parenting & Co-parenting.	95,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Consultant and contracted wrap around services, such as but limited	135,000

	to Behavior Health Services, Therapeutic Services, especially towards our human trafficking population Doctor office sick & wellness visits, children immunization, nutritionist & Dietitian	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		390,000

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 the CEO of OurKids Child placement agency, South Florida Foster and Adoptive Parent Association, Carol City Early Learning Center

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:

Study was done within the foster care system with research data within the Department of Children and Family Services, and from Student consul of various college in regards to homeless students registering with no addresses.

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?

Fostering- Recruitment of Quality Safe Foster Homes, Respite Care, 24Hrs emergency Holding - keeping siblings together, Safe home for LGBTQ community, Therapeutic and Behavior Health services, Academic and Vocational Education, and Graduation Banquets.

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

Fostering- Recruitment of Quality Safe Foster Homes, Respite Care, 24Hrs emergency Holding , providing a safe place until an emergency hearing is held to determined the welfare of the child, keeping small and large siblings together to try and lessen the trauma experience, Recruit, educate and find Safe home for our LGBTQ community, Therapeutic and Behavior Health Services which will help identified children and elderly with depression and wrap around services with case managers, to assist with

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	Companion sitting, Home Health Care Services, daily, weekly or monthly visits, maintaining Doctors visits, assist with ADL'S when needed.	Improve quality of life while remaining in their homes.
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	By recruiting the quality of foster parents in all culture, knowing that Culture awareness is the foundation to skills, communication and understanding one heritages through stories, values, and beliefs handed down through generations.	Matching each Child/Children in Care, with the right cultural environment the 1st time.
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Get involved with DCF Services and Partner with other agencies to teach Classes such as GED, Home	By tacking our children and teaching them Importance of survival skills especially our parental classes and

	Economics, and survival skill classes.	follow them to ensure they don't return back to the system, or their children
<input checked="" type="checkbox"/> Improve quality of education	GED Classes, Construction Classes, Home Economics, parenting classes, filling out application properly Job or College	Graduation and Job Placement
<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 checked="" type="checkbox"/> Increase or improve economic activity	Economically Self Sufficient	Young Teens/Dads enrolled in trade school such as construction field which will make them self sufficient and our teens/mothers enrolled in trade school such as Business, Home Economics or crafting making them self sufficient.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Advocate to help reform their thinking ability, while evaluating the impact of their life experience by helping them raise their thinking to a higher level. Encourage them to SOAR - Succeed - thru Open Mind-by-Accepting Accountability-Respectfully.	We will partner with other agencies that will help with on-the-job training, job placement by embracing and maintaining self sufficiency and building standards.

<input checked="" type="checkbox"/> Reduce recidivism	<p>Finding the right opportunity for our teens. Providing educational programs that matches our population which can be Academic or Vocational</p>	<p>Promote Education by enrolling them in classes and following them through graduation, providing a chance of becoming a positive person that will give hope to others in the system. We all need a second chance and we will provide that.</p>
<input checked="" type="checkbox"/> Reduce substance abuse	<p>We will identified our population and partner with outreach centers where treatment will be provided by a team of non-judgmental professionals in rehabilitation and support services that specialized in teens.</p>	<p>We will celebrate with them upon completion of the program and continue to support in-service classes to reduce the relapse phase and facilitate successful family reunification.</p>
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	<p>Have case manager/social worker attend and advocate at their court hearing to try and get the judge to release the child to a community base program other than adult incarceration especially for petty crimes.</p>	<p>Due to studies most incarcerate youth have a learning disability and most youth of color are disproportionately detained at a hight rate than other ethnic groups, therefore we would partner with mentoring groups that will encourage structure and stability in hope that we can reduce recidivism and crime and help build a health and safe community.</p>
<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):		
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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:	390,000	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	390,000	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 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