

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hibiscus Children's Center ? Fixed Capital Outlay for an Emergency Shelter Serving At-Risk Youth
2. Date of Submission: 09/19/2017
3. House Member Sponsor: Gayle Harrell
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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i> | | | Develop New Funds Request for FY 2018-19 <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: | | | | | 1,300,000 | 1,300,000 |

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? **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.

No penalties. Indirectly, not having enough shelters and adequate services for children who have been removed by the state from their homes due to abuse or neglect.

6. Requester:

- a. Name: Paul Sexton
- b. Organization: Hibiscus Children's Center
- c. Email: psexton@hcc4kids.org
- d. Phone #: (772)340-5750

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

- a. Name: Paul Sexton
- b. Organization: Hibiscus Children's Center
- c. Email: psexton@hcc4kids.org
- d. Phone #: (772)340-5750

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: Hibiscus Children's Center
- b. County (County where funds are to be expended): Martin
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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 make dire renovations to an emergency shelter for children ages birth to 15 years old who have been removed from their homes due to abuse, neglect and/or abandonment and placed there by the state. The Shelter has been in operation since 1989. It runs at capacity the majority of the time. Children removed from their homes due to abuse and in the care of the state has risen dramatically due to tougher legislative standards. Our goal is to provide children with the highest level of care.

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 type="checkbox"/> e. Salaries and Benefits | | |
| <input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | This is a shovel ready job. All engineering and planning and estimating are complete. | 1,300,000 |
| TOTAL | | 1,300,000 |

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 from Devereux Community Based Care, Children's Services Councils and the St Lucie Delegation meeting presentation.

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?

Children severely victimized by physical, emotional and/or sexual abuse are in dire need of services that foster a sense of security, feeling worthwhile and overall well-being. Our goal is to provide these vulnerable children with the highest level of care that meets the specific needs of at-risk and sexually abused children. Just a few of the key elements include: a new kitchen and cafeteria, new laundry, private therapeutic rooms, innovative adventure exercise program.

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

Trauma informed care provided to the children while their physical and emotional needs are met will help reduce the impact of the trauma already experienced and not re-traumatize the child. Individual and group mental health counseling. Therapeutic gardening. Pet

therapy. Exercise therapy. The literacy program provides individualized assistance to children whose traumatic experiences have virtually halted the educational process. After school tutoring is available to assist children.

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 | Safe living environment. | CBC oversight of progress of improved child well-being. |
| <input checked="" type="checkbox"/> Improve mental health | Mental health assessment. Individual therapy and group therapy. New single rooms for children who have suffered sexual abuse. | Progress reports from therapists. Health Assessments and treatment plan completion. |
| <input checked="" type="checkbox"/> Enrich cultural experience | The children experience fun and educational outings and activities, including Camp Hibiscus, a ten-week summer camp program. | Calendar and outing events. |
| <input checked="" type="checkbox"/> Improve agricultural production/promotion/education | New geodesic dome for therapeutic gardening. | Improved mental health functioning as evidenced by mental health assessments and treatment plan completion. |
| <input checked="" type="checkbox"/> Improve quality of education | Literacy Program will have a new after school tutoring lab. | To increase the words read per minute and or reading grade level of at least 80% of the children ages 5-12 as shown by the FL diagnostic tests. |
| <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 type="checkbox"/> Reduce recidivism | | |
| <input type="checkbox"/> Reduce substance abuse | | |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system | Enhanced therapeutic services. | Outcomes measured by improved mental health functioning as evidenced by mental health assessments and treatment plan completion. |
| <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: | 1,300,000 | 100.0% | N/A |
| 2. Federal: | 0 | 0.0% | No |

| | | | |
|---|------------------|-------------|----|
| 3. State: (Excluding the requested Total Amount in #4d, Column E) | 0 | 0.0% | No |
| 4. Local: | 0 | 0.0% | No |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 1,300,000 | 100% | |

20. Is this a multi-year project requiring funding from the state for more than one year?

No