

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Porch Light
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Colleen Burton
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? 2017-18
- 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 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:		200,000	200,000		300,000	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? 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.
Financial Consequences-repayment of funds

6. Requester:

- a. Name: Jerry T. Haag, Ph.D., CFP, President
- b. Organization: Florida Baptist Children's Homes
- c. Email: jerry.haag@fbchomes.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., LMHC,
- b. Organization: Florida Baptist Children's Homes
- c. Email: pam.whitaker@fbchomes.org
- d. Phone #: (863)577-4468

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: The Porch Light
- b. County (County where funds are to be expended): Polk
- 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?

Expend ability to care for adolescent girls who have been suspected, identified, or certified as victims of commercial sexually exploitation. Expanded ability to provide advocacy, training, and prevention of domestic sex trafficking across the state.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?? 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	41,710
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salary and benefits for 1 Community Relations Director	33,540
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel associated with statewide prevention efforts by Director of Community Relations Director and Exe./Administrator	2,150
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary and benefits for direct care staff of The Porch Light	86,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Funds would be used to meet the direct care operational needs for the girls living at The Porch Light and advocacy and educational activities across the state for the prevention of domestic sex trafficking.	128,000

<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Survivor Mentor Services per statues	8,600
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		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)

N/A

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?

No

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?

Residential services, case management, education, counseling, etc. for commercially sexually exploited children. Educational, advocacy, awareness, intervention, prevention of domestic sex trafficking for the public.

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

Prevention, intervention and treatment of domestic sex trafficking.

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): Commercially Sexually Exploited 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	Improve physical health by receiving physical, routine and acute medical appointments, dental care, eye care etc., and specialized gynecological	Individual Treatments Plans CAN-CSE

	medical services.	
<input checked="" type="checkbox"/> Improve mental health	Improve mental health as evidence by Trauma Symptom Checklist	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program. Trauma Symptom Checklist
<input checked="" type="checkbox"/> Enrich cultural experience	Exposure to a variety of recreational activities to include diverse cultural experiences	Recreation/Activity Logs Revolve data
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Individual education plans will improve quality of education by placement of the client in the most appropriate education setting. Usage of tutors/other education interventions.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program-education plan-service log-Revolve data.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Decreased human sex trafficking as a result of awareness, education and advocacy. Protection of clients through the Safe Home.	Law enforcement data Raisers edge data base DCF reports/data
<input checked="" type="checkbox"/> Improve transportation conditions	Improve access to collateral care needs in the community and/or family contact needs for TPL -CSEC residents by providing necessary transportation and/or coordination/advocation of transportation needs.	Revolve data Incident reports

<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 checked="" type="checkbox"/> Reduce substance abuse	No Marchman Acts of clients. Substance abuse issues will be assessed and decreased through counseling, education and myriad of services.	CANS Individual Treatment Plans Incident Reports Trauma Symptom Checklist
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Increase safe home utilization with a focus on complex trauma rather than from a criminal/crime issue.	Utilization rates Program Assessments Metrics Revolve data base DCF statistics.
<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	300,000	43.3%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	323,000	46.6%	Yes
4. Local:	0	0.0%	No
5. Other:	70,000	10.1%	Yes
TOTAL	693,000	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 2018-19 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