

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Jack & Jill Children’s Center – Economic Empowerment/Workforce Development Initiative

2. Date of Submission: 11/01/2019

3. House Member Sponsor: Vance Aloupis

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? Yes
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		50,000	50,000		850,000	850,000

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 Education

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.

return funding to state

6. Requester:

- a. Name: Maria Meyer
- b. Organization: Jack and Jill Children's Center
- c. Email: mmeyer@jackandjillcenter.org
- d. Phone #: (954)520-2800

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

- a. Name: Maria Meyer
- b. Organization: Jack and Jill Children's Center
- c. Email: mmeyer@jackandjillcenter.org
- d. Phone #: (954)520-2800

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

- a. Name: Anita Berry
- b. Firm: John & Stewart Governmental Relations Strategies
- c. Email: anita@johnstonstewart.com
- d. Phone #: (301)524-5172

9. Organization or Name of entity receiving funds:

- a. Name: Jack and Jill Children's 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?

Jack & Jill Children’s Center – Economic Empowerment/ Workforce Development Initiative serves low-income working families in Broward County with quality early childhood education and family strengthening services. We are the only NAEYC accredited center in Fort Lauderdale serving the entire family through a two-generation model that allows parent to maintain/advance employment and work toward self-sufficiency, through the provision of case management, parent education, and emergency assistance.

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 checked="" type="checkbox"/> e. Salaries and Benefits	This funding will go towards a portion of the salaries and benefits of our Early Childhood Education staff, including Teachers, Assistant Teachers, Director of Education, and Education Program Manager.	680,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	This funding will go towards a portion of expenses, equipment, and supplies associated with the Early Childhood Education Program and workforce development programming	170,000

	provided to parents.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		850,000

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:

Jack & Jill has support from the City of Fort Lauderdale; partnerships with 65 community organizations, 30+ corporate partners, and 500 volunteers; MOU's with Broward College, FAU, and NSU; and positive achievements and good reception from the parents and families we serve.

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:

16 years ago, a 3rd party conducted a study prior to building our facility that supported the need for our services in this area. We consistently have long wait lists for the Center. Additionally, research continues to show the correlation between quality early childhood education and positive outcomes into adulthood.

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?

Parents will provide their children with high quality education while maintaining/advancing employment and working toward self-sufficiency. Children 6-weeks-5years receive education M-F, 6:30AM-6PM, and parents receive case management, parent enrichment courses, and emergency assistance.

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

Child component: quality education from a NAEYC accredited childcare center; on-site medical screenings & services. Parent component: required to pay weekly tuition; work or attend school 25 hrs/week; be on waitlist for govt subsidized funds; 10-week Nurturing Parenting course & other classes

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 type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	80% of children will meet or exceed age appropriate developmental milestones over the course of time in the program.	Children screened 2-3 times/year using Florida VPK Assessment & Teaching Strategies Gold. Scores maintained in portfolio and compared to nationally set standards.
<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	75% of parents will maintain or obtain stable and affordable housing through case management, referrals, and connections made by Jack & Jill.	Jack & Jill administers a Family Assessment upon a family's enrollment and annually thereafter. New assessments are compared to previous ones to track success/effectiveness.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	80% of parents will seek, secure, and/or retain employment/schooling as a result of childcare provided 80% of parents will maintain or increase income	Family assessments that are regularly conducted; pre- and post-assessments during parent education classes
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<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:	850,000	20.2%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	140,000	3.3%	Yes
4. Local:	45,000	1.1%	Yes
5. Other:	3,163,100	75.3%	Yes
TOTAL	4,198,100	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