

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Child Guidance Center Fetal Alcohol Spectrum Disorders (FASD)
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Cord Byrd  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					298,463	298,463

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 Health
  - 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.  
The penalty for failing to meet deliverables results in lapsed dollars that will be reduced from the Managing Entity (LSF) contract.

6. Requester:

- a. Name: Theresa Rulien
- b. Organization: Child Guidance Center
- c. Email: theresa@childguidancecenter.org
- d. Phone #: (904)400-6725

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

- a. Name: Theresa Rulien
- b. Organization: Child Guidance Center
- c. Email: theresa@childguidancecenter.org
- d. Phone #: (904)400-6725

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: Child Guidance Center
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Clay, Duval, Nassau, St. Johns

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?

This program will provide early identification and early intervention creating seamless access, from detection to real-time services, for children who live with Fetal Alcohol Spectrum Disorders (FASD) and their families.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	CEO 5% FTE \$141,262*.05 = \$7,063 Director 5% FTE \$76,231*.05 = \$3,811	10,874
<input checked="" type="checkbox"/> b. Other Salary and Benefits	CFO 5% FTE \$114,118*.05 = \$5,706 Executive Assistant 5% FTE \$63,205*.05 = \$3,160 Finance Staff 5% FTE \$249,882*.05 = \$12,494 HR Staff 5% FTE \$901,268*.05 = \$5,463	26,824
<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	FTE Licensed and Experienced FASD = \$51,806 FTE's Target Case Manager = \$90,501 Consultant 50% = \$40,000*.05 = \$24,810 FTE Quality Assurance Director 5% = \$76,194*.05 = \$3,810 FTE Business Analyst 5% = \$67,516*.05 = \$3,376 FTE Administrative Assistant 5% =	176,548

	\$4,903*.05 = \$2,245	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	5 laptops * \$1,019 = \$5,095 (one time) Face Recognition (Biometric) Software \$1,649 (one time) 2 each High Definition Cameras 2*\$399 = \$798 (one time) Travel \$1,000 week @ \$0.55*50 weeks = \$27,500 Office Supplies = \$1,500 Copying and Printing = \$1,200 Cell Phones 5*\$65 = \$3,900	63,017
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Consultant/Study = \$20,000 FASD Awareness Campaign = \$1,200	21,200
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>298,463</b>

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?

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?

Yes

16a. Please Describe:

A FASD program, including screening, referral and intervention, was previously operated by Child Guidance Center and was funded for several years through a Federal Grant by Northrop Grumman. The University of Washington continues to update their FASD research including assessment tools.

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 target population for this program will be families with children 0-8 years of age seen by Child Guidance Center, as well as referrals from Gateway Community Services, River Region Human Services and Sulzbacher Village. All children (0-8 yrs) receiving guardian permission will be screened. Children screened will include those from varying socioeconomic and cultural backgrounds. Children moving forward in the assessment process will be those who are identified, via the screening, to be approp

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

FASD Screening. Linking to further assessment as determined appropriate linking to developmental, educational, medical services as appropriate Mental health/social skills services for children diagnosed with FASD Parenting/psycho-educational services for the parents/guardians of children diagnosed with FASD

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): families of children diagnosed with a FASD

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 checked="" type="checkbox"/> Improve mental health	Early identification and early intervention benefit all children, with any diagnosis, and their families. Because FASD is actual damage to the brain, children with this diagnosis, or features of this disorder, cannot successfully be treated with ordinary therapeutic interventions. FASD is a lifelong diagnosis, therefore early intervention also creates a better	Changes in outcome can be looked at across not only an increase in appropriate social skills in the children and an increase in appropriate and effective parenting skills in the adults, but also increase successful participation in educational, social, recreational, family and community activities.

	chance at success in adulthood.	
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<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 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):		
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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:	298,463	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
<b>TOTAL</b>	<b>298,463</b>	<b>100%</b>	

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