

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: AMlkids Panama City Marine Institute - Juvenile Sex Trafficking Victim Response Team in Circuit 14

2. Date of Submission: 11/15/2019

3. House Member Sponsor: Jay Trumbull

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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	Column: B	Column: C	Column: D	Column: E	Column: 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:					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 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.

Non renewal of funding in subsequent years.

6. Requester:

- a. Name: Ron Boyce
- b. Organization: AMIkids Panama City Marine Institute
- c. Email: panamacity-ed@amikids.org
- d. Phone #: (850)258-1670

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

- a. Name: Ron Boyce
- b. Organization: AMIkids Panama City Marine Institute
- c. Email: panamacity-ed@amikids.org
- d. Phone #: (850)258-1670

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: AMIkids Panama City Marine Institute
- b. County (County where funds are to be expended): Bay
- c. Service Area (Counties being served by the service(s) provided with funding): Bay, Calhoun, Holmes, Jackson, Washington

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?

The reduction of juveniles exploited by sex trafficking in circuit 14.

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	50% of the salary and benefits of the Executive Director of the non-profit 501 c 3 agency that will oversee the project.	57,645
<input checked="" type="checkbox"/> b. Other Salary and Benefits	100% of the salary and benefits for the Program Manager, 50% of the salary and benefits for the Business Manager	93,952
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Liability Insurance/Mileage expense for Supervisors/Office Supplies and Expense/Office Space cost and utilities.	66,653
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Operational and Administrative Oversight to include external Audit Fees by Parent Agency of Non Profit/Administrative oversight expense for DCF	160,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	1 Wraparound Team Leader 2 Case Managers 4 Peer Support Specialists	315,000

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Emergency Assistance Fund for Victims/Travel and Mileage Reimbursement for Team Members	82,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Reimbursement to Law Enforcement Agencies for Deputy security assistance hours/Mental Health Evaluations for Victims/Contracted 3rd party study of recidivism of victims.	74,750
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:

Letter of Support from DCF System of Care Coordinator for Northwest Florida. Letter of Support from DCF Director Substance Abuse and Mental Health for Northwest Florida.

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?

Counseling of sex trafficking Victims and assistance finding safe and stable housing, Emergency transportation to safe shelter, Mental Health and Substance Use Evaluation by licensed Mental Health Counselor, Referral Assistance for housing, employment and education, Peer Support and Case Management services, Assistance with finding local agency resources

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

Counseling of sex trafficking Victims and assistance finding safe and stable housing, Emergency transportation to safe shelter, Mental Health and Substance Use Evaluation by licensed Mental Health Counselor, Referral Assistance for housing, employment and education, Peer Support and Case Management services, Assistance with finding local agency resources

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): Youth ages 11-20 in danger of or that have a history of being sex trafficked.

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	40% of the population served will accept testing and treatment for sexually transmitted infections.	We will track the number of client served that are tested and treated.
<input checked="" type="checkbox"/> Improve mental health	70% of the clients served will demonstrate Improvement in general functioning as measured by a GAF assessment.	Global Assessment of Function (GAF) assessment will be completed on each client.
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	50% of clients aged 17+ will complete an industry recognized certification, complete a GED or HS diploma or attain employment.	Results will be recorded in an on-line database and reports will be generated of numbers of certifications and placements.
<input checked="" type="checkbox"/> Reduce recidivism	60% of the youth that complete the service plan, will not be sex trafficked again 12 months after services terminate.	Follow up services and tracking will continue for 12 months after the active service phase is complete. A 3rd party contracted provider will review the records of the participants annually to determine if they have been involved in sex trafficking within 12 months after completion of their services.
<input checked="" type="checkbox"/> Reduce substance abuse	75% of youth completing services will reduce or eliminate their illegal substance use while in active service phase.	Drug testing will be completed at the beginning and at the completion of treatment.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Of the youth served that have not been charged with a criminal offense, 75% will not enter the criminal/juvenile justice system during the active or follow-up phase.	Follow up services and tracking will continue for 12 months after the active service phase is complete. A 3rd party contracted provider will review the records of the participants annually to determine if they have

		been involved in criminal justice system within 12 months after completion of their services.
<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	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	850,000	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