



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Urban Communities Child Welfare Initiative (UCCW)

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 10/31/2017

4. **Project/Program Description:**

Foster Care Home Capacity Development and Direct Services for Youth Aging Out of Foster Care.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
400,000		400,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 400,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

Year 2-\$400,000, Year 3-\$400,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

The specific measurable goals will be to increase foster care home capacity in urban communities and to improve outcomes of teenage children aging out of the child welfare system which will provide improved interventions to prevent delinquency involvement of dependent youth residing in a high prevalence of slum and blighted communities.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Community development capacity of eligible foster homes and community based capacity to provide support of job development, mentoring, internships, delinquency interventions and a respite judicial bridge for "Lock Out" dependency/delinquency cases for youth aging out of child welfare.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Expense equipment, travel and supplies critical to	2,400



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	accomplishing essential service delivery in the administration of achieving measurable outcomes	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Administration and fidelity of contracted services as a cost effective alternative to the expending limited resources in administering the mandatory state regulatory contract obligations.	40,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Expense equipment, travel and supplies critical to accomplishing essential service delivery in the administration of achieving measurable outcomes	22,375
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Funds will be utilized in the category of contracted services as a cost effective alternative expending limited resources in the delivery of human resources services, thus increasing the number of recipient services.	335,225
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

d. What are the direct services to be provided to citizens by the appropriations project?

Services will include direct and collateral youth case load management, interventions and preventive support as well as foster care home capacity development.



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e. **Who is the target population served by this project? How many individuals are expected to be served?**

Dependent youth ages 15-18 years old. 150 youth will be served annually.

f. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Outcome benefit will be assessed based on an analysis of increased foster care capacity, aggregated grades, behavior and attendance, job readiness and training outcomes.

g. **What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Graduated prorated contract reduction amount based on factors directly related to provider deliverables performance.

12. **The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

13. **Requestor Contact Information:**

a. **Name:** Rod Love

b. **Organization:** Florida Economic Consortium on Violence & Crime, Inc

c. **Email:** comsg@coms.net

d. **Phone Number:** (407)494-2406

14. **Recipient Contact Information:**

a. **Organization:** Florida Economic Consortium on Violence & Crime, Inc.

b. **County:** Orange

c. **Organization Type:**

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. **Contact Name:** Rod Love

e. **E-mail Address:** comsg@comsg.net

f. **Phone Number:** (407)494-2406

15. **If there is a registered lobbyist, fill out the lobbyist information below.**

a. **Name:** None

b. **Firm:** None

c. **Email:**

d. **Phone Number:**