



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Place of Hope Inc.- Child Welfare and Foster Care Regionalization Phase IV

2. **Senate Sponsor:** Bobby Powell

3. **Date of Submission:** 11/01/2017

4. **Project/Program Description:**

Continue to impact the disproportionate number of former and otherwise homeless youth in the district by providing structured independent living house and program services.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
	1,250,000	1,250,000

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	450,000	26.5%
TOTAL	450,000	26.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,700,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 4

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>		<b>2,900,000</b>	<b>2,900,000</b>

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

No

**11. Program Performance:**

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

To continue to meet the unprecedented increases in regional placement needs for Florida's abused and neglected children, victims of human trafficking and otherwise homeless former foster young adults.

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

Independent living housing and program services

**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 type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Independent housing planning and construction	1,250,000
TOTAL		1,250,000

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

To increase foster care residential bed capacity, programs and multi-campus facilities, licensed foster home capacity, and transitional housing units for former foster youth and victims of human trafficking throughout the region.

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

Former and otherwise homeless youth. 1,000+

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

Every year, more foster children turn 18 and age out of the foster care system with deficiencies in their independent living skills and their ability to function as a successful adult in society. Through the avenues mentioned above, the children and young adults served within our programs receive case management services, access to physical and mental health professionals, life skills training, mentoring, academic services support and addressing unique individual needs as they arise.

**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?**

Financial penalties

**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.**

None - entity is a 501(c)(3)

**13. Requestor Contact Information:**

- a. **Name:** Charles Bender III
- b. **Organization:** Place of Hope Inc.
- c. **Email:** charlesb@placeofhope.com
- d. **Phone Number:** (561)775-7195

**14. Recipient Contact Information:**

- a. **Organization:** Place of Hope at the Haven Campus, Inc.
- b. **County:** Palm Beach
- c. **Organization Type:**  
 For Profit



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

**d. Contact Name:** Charles Bender III

**e. E-mail Address:** charlesb@placeofhope.com

**f. Phone Number:** (561)775-7195

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

**a. Name:** Jordan Connors

**b. Firm:** Jordan Connors Group, Inc.

**c. Email:** Jordan@jordanconnors.com

**d. Phone Number:** (904)206-1604