



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Brave Moms

2. **Senate Sponsor:** Kelli Stargel

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

Brave Moms seeks to provide services to single mothers with children to help them become self-sufficient through various acquired skills and, as a consequence, prevent family disruptions and create stability in the family unit.

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	200,000	600,000

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	86,000	12.5%
TOTAL	86,000	12.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 686,000

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) 1

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.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (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:		400,000	400,000

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

Yes

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

400,000

11. Program Performance:

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

Case management, mentoring, residential services.

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

Provides services to single mothers with children to self sufficiency and as a consequence prevent family disruption and create family stability and unity.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Salary and benefits for 1 Executive Director	77,250
<input checked="" type="checkbox"/> Other Salary and Benefits	Administrative oversight by VP of Programs - salary and benefits	37,250
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel - supervision of programs at the various homes/sites throughout the area; educational materials;	20,500



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

	office equipment	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Salary and benefits for 4 Supervisors and 4 Part-time Family Life Coordinators	250,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel - supervision of programs at the various homes/sites throughout the area; educational materials; office equipment	15,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction, renovation and upkeep on the homes/sites where the Brave Moms participants (single moms and their children) come and go as they enter and exit the program. Expansion of this program is being done in specific parts of the state.	200,000
TOTAL		600,000

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

The Brave Mom program is designed to meet the special needs of single mothers and their children in today's challenging world, to provide hope for a brighter future for these individuals, to assist the single mother to overcome many of the obstacles that may be keeping her in a circle of poverty and frustration.

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

Single mothers with children (preschool students, grade school students, high school students) who need help in obtaining a stable family unit. Their backgrounds are economically disadvantaged, homeless, abused, substance abuse, mental health. Current population being served in two locations are: 6 moms with 14 children in one area and 5 moms and 12 children in the other.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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

Improve physical health, improved mental health, improved quality of education, improved transportation conditions, enhance specific individual's economic self sufficiency, reduce substance abuse, diversion from criminal/juvenile justice system. Multiple methodologies will be used, including the use of individualized plans and goals as established at admission and evaluated on monthly basis and at the completion of the program.

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?

Discontinuation of funding the program.

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.

FBCH Land Holdings

13. Requestor Contact Information:

- a. **Name:** Jerry Haag
- b. **Organization:** Florida Baptist Children's Home
- c. **Email:** jerry.haag@fbchomes.org
- d. **Phone Number:** (863)687-8811

14. Recipient Contact Information:

- a. **Organization:** Florida Baptist Children's Home
- b. **County:** Polk
- 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:** Pam Whitaker
- e. **E-mail Address:** pam.whitaker@fbchomes.org
- f. **Phone Number:** (863)577-4438

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**