



# The Florida Senate

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

1. **Title of Project:** Selfless Love Foundation Adoption Promotion

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

Implement Family-Match adoption matching technology to connect children lingering in foster care with adoptive families.

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
150,000		150,000

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	200,000	57.1%
Other	0	0.0%
TOTAL	200,000	57.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 350,000

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.



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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:			

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

Yes

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

\$150,000 annually.

### 11. Program Performance:

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

Increase the number of public adoptions.

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

Implement web-based application across the state with CBC Lead Agencies and adoption providers; provide case managers and adoption specialist training in use of the technology and customer service; and utilize proven recruitment strategies to focus on hard to place children-teens and sibling groups.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Program Coordinator - 50% of salary	27,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input checked="" type="checkbox"/> Salary and Benefits	Part time Program Trainer - salary	16,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel expenses for regional trainings in 6 DCF regions and program supplies	7,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	IT Maintenance & Development; Data Analytics and Tech Support	100,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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

Prospective adoption families are often left out of the matching decisions. This tool will give families an opportunity to be engaged from start to finish. The families will get to complete a validated compatibility assessment, upload videos and letters about their desire to adopt, and become educated about the process and available children. Children in foster care will be successfully matched with families utilizing data science to prevent disruptions in their search for a forever family.

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

Currently in the state of Florida, there are 850 children in the foster care system who have not been matched with an identified family.

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

Reduce the time to achieve permanency through adoption; expand searches statewide to create more opportunities for children to be matched with potential families; and greater engagement with potential families; reduce disruptions and dissolutions. Measured through statewide FSFN data and family surveys.

**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?**

10% hold back tied to performance measures.

**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



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### 13. Requestor Contact Information:

- a. **Name:** Dr. Elizabeth Wynter
- b. **Organization:** Selfless Love Foundation
- c. **Email:** elizabeth@selflesslovefoundation.org
- d. **Phone Number:** (954)325-4307

### 14. Recipient Contact Information:

- a. **Organization:** Adoption-Share, Inc.
- b. **County:** Statewide, Broward
- 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:** Thea Ramirez
- e. **E-mail Address:** thea@adoption-share.com
- f. **Phone Number:** (912)222-8819

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

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