1. **Title of Project:** Promote Public Adoption
2. **Senate Sponsor:** Rene Garcia
3. **Date of Submission:** 11/29/2017
4. **Project/Program Description:**
   Implement Family-Match-adoption web-based 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:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>150,000</td>
<td></td>
<td>150,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>200,000</td>
<td>57.1%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>200,000</td>
<td>57.1%</td>
</tr>
</tbody>
</table>

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.
The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</td>
</tr>
<tr>
<td>Column:</td>
<td>A</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
</tr>
</tbody>
</table>

Input Amounts:

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

   Yes

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

   $150,000

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 this web-based application across the state with Community-Based Coalition (CBC) Lead Agencies and Adoption Providers; provide case manager and adoption specialist training in use of the technology and customer service; develop a statewide task force to address barriers to getting children in foster care adopted; and utilize proven recruitment strategies to focus on hard to place children - teens, sibling groups, etc.

   c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Executive Director/Project Head Salary and Benefits</td>
<td>50% of Program Coordinator Salary</td>
<td>27,000</td>
</tr>
<tr>
<td>☐ Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Local Funding Initiative Request - Fiscal Year 2018-2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Salary and Benefits</td>
<td>Part-time Program Trainer</td>
<td>16,000</td>
</tr>
<tr>
<td>☑ Expense/Equipment/Travel/Supplies/Other</td>
<td>Travel expenses to provide regional trainings in 6 DCF regions; Program Supplies</td>
<td>7,000</td>
</tr>
<tr>
<td>☑ Consultants/Contracted Services/Study</td>
<td>IT Maintenance &amp; Development; Data Analytics; Tech Support</td>
<td>100,000</td>
</tr>
</tbody>
</table>

Fixed Capital Construction/Major Renovation

- No

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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 adoption process and the children available for adoption. 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, there are 850 children in the foster care system in the state of Florida 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 Florida Safe Families Network (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 measure.

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
13. Requestor Contact Information:
   a. Name: 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: 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: (921)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: