The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Adoption2Action, Inc.

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 11/29/2017

4. **Project/Program Description:**

   Provide post-adoptive services to the 5th Judicial Circuit and to initiate the expansion into the Central Region.

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
500,000		500,000

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):** 500,000

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.

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:		250,000	250,000

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

Yes

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

   $500,000

11. **Program Performance:**

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

   The funding requested will be used to continue to provide post-adoptive services to the 5th Judicial Circuit. The funding will also be used to expand post-adoptive services to the Central Region.

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

   Post-Adoptive services provided by Adoption2Action, Inc. will include crisis stabilization services, direct case management, educational advocacy, resource and referral navigation, and general support on behalf of Florida's adoptive families.

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

Spending Category	Description	Amount
Administrative Costs		
☑Executive Director/Project Head Salary and Benefits	President/CEO Salary	68,000
☑Other Salary and Benefits	Health insurance, retirement stipend	10,000
☑Expense/Equipment/Travel/Supplies/Other	Office expenses, supplies, and travel for President/CEO	8,000

☐Consultants/Contracted Services/Study		
Operational Costs		
☑Salary and Benefits	Therapists, case managers and other support staff salaries and benefits	232,000
☑Expense/Equipment/Travel/Supplies/Other	Office expenses, supplies, and travel for support staff. Also includes health insurance and retirement stipend	107,000
☑Consultants/Contracted Services/Study	IT, General Liability Insurance, Website Development and Maintenance	75,000
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

   Adoption2Action, Inc. will be providing the following direct services: crisis stabilization, case management, educational advocacy, resource and referral navigation, and general support on behalf of Florida's adoptive families.

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

   The target population includes the children and the families which adopted these children from the Florida Foster Care System.

f. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   Assist adoptive families by providing post-adoptive services to them, therefore reducing the number of adoption dissolutions. From 2009-2013, there were 328 adoption dissolutions in the State of Florida. By proactively reaching out to these families and providing services to them, adoption dissolutions will be reduced. These outcomes will be measured by number and the type of services provided. It will also be measured by survey data collected on the adoptive families.

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?**

Repayment of funds received and a penalty for failure to meet deliverables.

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:** Melissa Ann Merritt, President/CEO
    b. **Organization:** Adoption2Action, Inc.
    c. **Email:** melissam@adoption2action.org
    d. **Phone Number:** (352)254-0523

14. **Recipient Contact Information:**
    a. **Organization:** Adoption2Action, Inc.
    b. **County:** Sumter
    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:** Melissa Ann Merritt, President/CEO
    e. **E-mail Address:** melissam@adoption2action.org
    f. **Phone Number:** (352)254-0523

15. **If there is a registered lobbyist, fill out the lobbyist information below.**
    a. **Name:** None
    b. **Firm:** None
    c. **Email:**
    d. **Phone Number:**