



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Assisting Victims of Child Crimes in Circuit 14

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 12/22/2017

4. **Project/Program Description:**

Assisting Victims of Child Crimes in Circuit 14

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
180,000	920,000	1,100,000

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):** 1,100,000

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.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(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?

No

11. Program Performance:

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

The funds for fixed capital outlay will be allocated for the primary facility of the agency located in Bay County. This resource fulfills a governmental responsibility to offer a child friendly, collaborative, and trauma sensitive environment for children who have experienced egregious abuse, neglect, or sexual violence. Since the inception of the agency, over 20,000 children and families have been provided lifesaving and hope restoring services to victims of crime. Funds for operations will allow the agency to train licensed and qualified staff to provide specialized, evidence-based methods to address problematic sexual behavior in juveniles.

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

Research, survivors, and community stakeholders alike overwhelmingly support the practices, values, ideals, mission, and efficacy of Children’s Advocacy Centers. Additionally, national healthcare and social service leaders have echoed the findings of numerous studies that show the incredible correlation of adverse childhood experiences and costly societal issues. Trauma experienced, unrecognized and untreated in children has proven increased risk in associated substance use, including opioid addiction, criminal behavior, mental health diagnosis, decreased educational achievement, and overall health and wellbeing. The cost of not providing specialized services and best practices in child crimes investigations far exceeds the investment in doing so. Lastly, there are no current funding sources available to provide training, certification, and therapeutic services for children who are engaging in problematic sexual behavior.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and		



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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 checked="" type="checkbox"/> Salary and Benefits	Funds for operations will allow the agency to train licensed and qualified staff to provide specialized, evidenced based methods to address problematic sexual behavior in juveniles.	180,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	The funds for fixed capital outlay will be allocated for the primary facility of the agency located in Bay County. This resource fulfills a governmental responsibility to offer a child friendly, collaborative, and trauma sensitive environment for children who have experienced egregious abuse, neglect, or sexual violence. Since the inception of the agency, over 20,000 children and families have been provided lifesaving and hope restoring services to victims of crime.	920,000
TOTAL		1,100,000



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

The funds for fixed capital outlay will be allocated for the primary facility of the agency located in Bay County. This resource fulfills a governmental responsibility to offer a child friendly, collaborative, and trauma sensitive environment for children who have experienced egregious abuse, neglect, or sexual violence. Since the inception of the agency, over 20,000 children and families have been provided lifesaving and hope restoring services to victims of crime. Funds for operations will allow the agency to train licensed and qualified staff to provide specialized, evidenced based methods to address problematic sexual behavior in juveniles.

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

All within the community, particularly those impacted by sexual violence and child abuse.

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

Research, survivors, and community stakeholders alike overwhelmingly support the practices, values, ideals, mission, and efficacy of Children's Advocacy Centers (additional information attached). Additionally, national healthcare and social service leaders have echoed the findings of numerous studies that show the incredible correlation of adverse childhood experiences and costly societal issues. Trauma experienced, unrecognized and untreated in children has proven increased risk in associated substance use (included opioid addiction), criminal behavior, mental health diagnosis, decreased educational achievement, and overall health and wellbeing. The cost of not providing specialized services and best practices in child crimes investigations far exceeds the investment in doing so. Lastly, there are no current funding sources available to provide training, certification, and therapeutic services for children who are engaging in problematic sexual behavior.

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?

The current standard penalties for noncompliance are adequate.

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.

Bay County Board of County Commissioners

13. Requestor Contact Information:

- a. **Name:** Tommy Hamm
- b. **Organization:** Board of County Commissioners
- c. **Email:** loriallen@gulfcoastcac.us
- d. **Phone Number:** (850)872-7760

14. Recipient Contact Information:

- a. **Organization:** Gulf Coast Children's Advocacy Center, Inc.
- b. **County:** Bay
- c. **Organization Type:**



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

d. Contact Name: Lori Allen

e. E-mail Address: loriallen@gulfcoastcac.us

f. Phone Number: (850)872-7760

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: