



# The Florida Senate

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

1. **Title of Project:** Early Childhood Court Program--FL Institute for Child Welfare)

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 01/15/2018

4. **Project/Program Description:**

Evaluation of Early Childhood Court Program

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? State Court System

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
94,104		94,104

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):** 94,104

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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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

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

Yes

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

FY 19/20 \$96,834 and FY 20/21 \$99,739

**11. Program Performance:**

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

To determine if Early Childhood Court program should be expanded and the projected costs for expansion and projected cost savings if Early Childhood Court is expanded

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

Analyze OSCA data to determine child and family outcomes, impact of the ECC program on recidivism, permanency and reunification of families. Calculate cost of expanding ECC program evaluation warrants expansion and calculate state's cost savings if ECC is expanded.

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

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Director to serve as PH for contract	13,874
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Expert in cost analysis	8,000
Operational Costs		



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<input checked="" type="checkbox"/> Salary and Benefits	Evaluator	62,640
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	travel to visit ECC sites	1,500
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Graduate Assistant	8,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>94,014</b>

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

none

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

Families with children less than 4 years old who are involved in Florida's child welfare system.

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

To determine the effectiveness of the Early Childhood Court program in Florida and make recommendations regarding the expansion of it and the benefit to the state for doing so.

**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?**

n/a

**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:** Jessica Pryce
- b. **Organization:** FSU Florida Institute for Child Welfare
- c. **Email:** jpryce@fsu.edu
- d. **Phone Number:** (850)645-0266

**14. Recipient Contact Information:**

- a. **Organization:** FSU Florida Institute for Child Welfare
- b. **County:** Statewide
- c. **Organization Type:**  
 For Profit



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

**d. Contact Name:** Jessica Pryce

**e. E-mail Address:** jpryce@fsu.edu

**f. Phone Number:** (850)645-0266

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

**a. Name:** Jeffrey Sharkey

**b. Firm:** Capitol Alliance Group, Inc.

**c. Email:** jeff@capitolalliancegroup.com

**d. Phone Number:** (850)224-1660