

LFIR # 2347

Senate Sponsor	George Gainer				
Date of Request	12/30/2019				
oject/Program Description					
to 20, providing couns emergency placement educational needs. Th	contract with a private non-profit agency of eling and emergency assistance to aid in in safe shelters and evaluation and refer e team will utilize evidence-based wrap-actiont. The team will cooperate with and co	the transition to a stable a rals for health, substance around methods to help vic	and safe environment. Services include abuse, mental health, housing, emplo tims and their families start the healin		
State Agency to I		artment of Children ar	nd Families		
	onrecurring Request for Fiscal	Year 2020-2021			
Type of Funding	g	Amount			
Operations		850,000			
Fixed Capital Ou	ıtlay	6,000			
Total Ctata Fun	-				
Total State Fun	ds Requested	856,000			
otal Project Cos	t for Fiscal Year 2020-2021 (inc	cluding matching fu			
otal Project Cos	t for Fiscal Year 2020-2021 (inc	cluding matching fu	Percentage		
Total Project Cos Type of Funding Total State Fund	st for Fiscal Year 2020-2021 (inc g s Requested (from question #6)	cluding matching fu			
otal Project Cos	st for Fiscal Year 2020-2021 (inc g s Requested (from question #6)	cluding matching fu	Percentage		
Total Project Cos Type of Funding Total State Fund Matching Funds Federal	st for Fiscal Year 2020-2021 (inc g s Requested (from question #6)	Amount 856000	Percentage 100.0 %		
Total Project Cos Type of Funding Total State Fund Matching Funds Federal	st for Fiscal Year 2020-2021 (inc g s Requested (from question #6)	Amount 856000	Percentage 100.0 % 0 % 0 % 0 %		
Type of Funding Total State Fund Matching Funds Federal State (excluding	st for Fiscal Year 2020-2021 (inc g s Requested (from question #6)	Amount  856000  00	Percentage 100.0 % 0 % 0 %		
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other	st for Fiscal Year 2020-2021 (inc g s Requested (from question #6)	Amount  856000  00  00	Percentage 100.0 % 0 % 0 % 0 %		
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Co	st for Fiscal Year 2020-2021 (incompared to the second of	Amount  856000  00  00  00  856,000	Percentage 100.0 %  0 % 0 % 0 % 100 %		

850,000

If yes, indicate nonrecurring amount per year.



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#### 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	50% of the salary and benefits of the Executive Director of the non-profit agency that will oversee the project.	57,645
Other Salary and Benefits	100% of the salary and benefits for the Program Manager, 50% of the salary and benefits for the Business Manager	93,952
Expense/Equipment/ Travel/Supplies/Other	Liability Insurance/Mileage expense for Supervisors/Office Supplies and Expense/Office Space cost and utilities.	66,653
Consultants/Contracted Services/Study	Operational and Administrative Oversight to include external Audit Fees by Parent Agency of Non-profit/Administrative oversight expense for DCF.	160,000
Operational Costs: Oth	er	
Salary and Benefits	1 Wrap-around Team Leader; 2 Case Managers; 4 Peer Support Specialists.	315,000
Expense/Equipment/ Travel/Supplies/Other	Emergency Assistance Fund for Victims/Travel and Mileage Reimbursement for Team Members.	82,000
Consultants/Contracted Services/Study	Reimbursement to Law Enforcement Agencies for Deputy security assistance hours/Mental Health Evaluations for Victims/Contracted 3rd party study of recidivism of victims.	74,750
Fixed Capital Construc	l tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	856,000



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11	١.	Program	Performance
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١.	Program Performance
a.	What specific purpose or goal will be achieved by the funds requested?
	The reduction of juveniles exploited by sex trafficking in circuit 14.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	<ol> <li>Supporting juvenile sex trafficking victims with counseling and emergency assistance to aid them in the transition to a stable and safe environment.</li> <li>Emergency placement assistance to safe shelters.</li> <li>Emergency evaluation and referrals for treatment of health, substance abuse and mental health issues.</li> <li>Referrals for housing, employment and educational needs.</li> <li>Establishment of long-term supportive plan using evidence based Wraparound methods to help the victims and their families start the healing process and become self-sufficient.</li> <li>Coordination of services for multiple agencies to address the needs of the victim.</li> </ol>
c.	What direct services will be provided to citizens by the appropriation project?
	<ol> <li>Counseling of sex trafficking Victims and assistance finding safe and stable housing, 2. Emergency transportation to safe shelter.</li> <li>Mental Health and Substance Use Evaluation by licensed Mental Health Counselor. 4. Referral Assistance for housing, employment and education. 5. Peer Support and Case Management services. 6. Assistance with finding local agency resources.</li> </ol>
d.	Who is the target population served by this project? How many individuals are expected to be served?
	Youth ages 11-20 at risk currently or with a history of being sex trafficked in Circuit 14. Approximately 30-50 youth per year.
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	The safe removal from harm and establishment of youth in a safer more nurturing environment. Increased awareness among local agencies to the dangers of the sex trafficking and how to identify and respond to incidents of sex trafficking. Recidivism will be tracked by 3rd party provider who will pull records for youth involved 12 months after termination of services.
f.	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?
	No renewal of funding in subsequent years.



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Re	equestor Contact	t Information	
a.	First Name	Ron	Last Name Boyce
b. Organization		Panama City Marine Institute	
c.	E-mail Address	panamacity-ed@amikids.org	
d.	Phone Number	(850)258-1670	Ext.
Re	ecipient Contact	Information	
a.	Organization	Panama City Marine Institute	
b.	Municipality and	County Bay	
c.	Organization Typ	pe	
	O For-profit E	ntity	
Non-Profit 501(c) (3)			
	O Non-Profit 5	501(c) (4)	
	<ul><li>Local Entity</li></ul>	,	
	University of the control of the	or College	
Other (please specify)			
d.	First Name	Ron	Last Name Boyce
e.	E-mail Address	panamacity-ed@amikids	
	Phone Number		
Lo	obbyist Contact I	nformation	
a.	Name	None	
b.	Firm Name	None	