



# The Florida Senate

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

1. **Title of Project:** The Porch Light

2. **Senate Sponsor:** Kelli Stargel

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

Care for adolescent girls who have been suspected, identified or certified as a victims of commercially sexual exploitation. Provide advocacy, training and prevention of domestic sex trafficking across the state.

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
300,000		300,000

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)	323,000	46.6%
Local	0	0.0%
Other	70,000	10.1%
TOTAL	393,000	56.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 693,000

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.



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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>		<b>200,000</b>	<b>200,000</b>

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

Yes

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

200,000

**11. Program Performance:**

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

Prevention, intervention and treatment of domestic sex trafficking.

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

Expanded ability to care for adolescent girls who have been suspected, identified, or certified as victims of commercial sexually exploitation. Expanded ability to provide advocacy, training and prevention of domestic sex trafficking across the state.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel associated with statewide prevention efforts by Community Relations Director and Executive Director.	5,000



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Salary and benefits for direct care staff.	100,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	For the direct care operational needs for the girls living at The Porch Light and advocacy and educational activities across the state for the prevention of domestic sex trafficking.	175,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	State required survivor mentor for the girls living in the safe home - contract fees for services.	20,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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

Expanded ability to care for adolescent girls who have been suspected, identified, or certified as victims of commercial sexually exploitation. Expanded ability to provide advocacy, training and prevention of domestic sex trafficking across the state.

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

At-risk youth, homeless, grade school students, high school students, university/college students, victims of crime and commercially sexually exploited children. Will serve >800

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

Improve physical health, improve mental health, enrich cultural experience, improve quality of education, protect the general public from harm, improve transportation conditions, reduce substance abuse, and diversion from criminal/juvenile justice system. Multiple methodologies will be used, including individualized plans and service goals, CAN-CSE, DCF reports, law enforcement data, incident reports, metrics, etc.

**g. What are the suggested penalties that the contracting agency may consider in addition to its standard**



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**penalties for failing to meet deliverables or performance measures provided for in the contract?**

Financial consequences - repayment of funds.

**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:** Jerry Haag
- b. **Organization:** Florida Baptist Children's Home
- c. **Email:** Jerry.haag@fbchomes.org
- d. **Phone Number:** (863)687-8811

**14. Recipient Contact Information:**

- a. **Organization:** Florida Baptist Children's Home
- b. **County:** Polk
- 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:** Jerry Haag
- e. **E-mail Address:** Jerry.haag@fbchomes.org
- f. **Phone Number:** (863)687-8811

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**