



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Jack & Jill Children's Center Early Childhood Education Program

2. **Senate Sponsor:** Perry Thurston

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

Jack & Jill Children's Center is the oldest nonprofit early childhood education provider in Broward County. We serve high-need families by providing nationally-accredited, quality early childhood education and family strengthening services that break the cycle of poverty for our families.

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?
Department of Education

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
1,000,000		1,000,000

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):** 1,000,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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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:			

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

Yes

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

2019: 1,000,000

11. Program Performance:

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

We are serving more economically disadvantaged families than ever before. Our program has expanded to serve children in three locations, meaning we're at 130% of our previous year's capacity. We still have a waiting list for every age group in our Center. Jack & Jill Children's Center subsidizes every family we serve: on average, a family pays \$50 per week for their child's education, while the true cost exceeds \$300 per week. Subsidizing low-income families and offering necessary services will not be possible without additional funding.

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

Our Early Childhood Program provides quality, year-round early childhood education focusing on enabling children to grow emotionally, physically, and socially in a safe, caring environment using age-appropriate methods for cognitive growth. We are the only NAEYC (National Association for the Education of Young Children) accredited center in Fort Lauderdale, and one of only fifteen in Broward County. Research has long documented the positive outcomes of high-quality early childhood education, including readiness for school, greater academic achievement, high rates of high school and college completion, lower rates of incarceration, and higher incomes.

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	We employ over 50 people, most of whom live in the community surrounding our Center.	1,000,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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

Early childhood education and wrap around services for the children of economically disadvantaged families.

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

We serve 241 children in our Center. We anticipate serving students in our satellite sites for a total of 800 children. We touch 1,000 lives every year through our community events, such as a health fair, and parent education courses.

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

We use nationally recognized curricula, The Creative Curriculum and MindUp, in our classrooms and evaluate children using Teaching Strategies Gold, the Ages & Stages Questionnaire and Florida VPK assessment. Over 75% of our children routinely score at or above grade level and those who begin at a disadvantage make significant gains each year they are served by Jack & Jill thanks to onsite and partner therapies and educational supports.

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?



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None.

- 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:** Heather Siskind
- b. **Organization:** Jack & Jill Children's Center, Inc.
- c. **Email:** hsiskind@jackandjillcenter.org
- d. **Phone Number:** (954)463-8772

14. Recipient Contact Information:

- a. **Organization:** Jack & Jill Children's Center, Inc.
- b. **County:** Broward
- 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:** Heather Siskind
- e. **E-mail Address:** hsiskind@jackandjillcenter.org
- f. **Phone Number:** (954)463-8772

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

- a. **Name:** Andreina Figueroa
- b. **Firm:** ADF Consulting
- c. **Email:** adf@adfconsulting.com
- d. **Phone Number:** (786)586-7001