



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Pasco County Foster Youth

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 12/06/2017

4. **Project/Program Description:**

Residential beds for teenage foster children in Pasco County.

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
600,000		600,000

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):** 600,000

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.

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?

Funding a residential placement facility in Pasco County that contracts with the local community-based care lead agency and is contractually required to take all presented male foster children. The estimated cost for this resource is \$600,000 annually and it is anticipated to free up law enforcement assets that would otherwise be dealing with this segment of the foster care population.

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

Residential services, educational assistance, counseling, and other enrichment activities.

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	Add additional residential beds to serve male foster youth in Pasco County.	600,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<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		600,000

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

Residential services to youth in the Pasco County foster care system.

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

Anticipate serving nearly 100 teenage males in the Pasco County foster care system.

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

Reduced law enforcement assets being utilized on children in the child welfare and juvenile justice systems.

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?

Organization would supplement the funding needs to achieve the desired outcomes.

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:** Chase Daniels
- b. **Organization:** Pasco County Sheriffs Office
- c. **Email:** cdaniels@pascosheriff.org
- d. **Phone Number:** (727)844-7784

14. Recipient Contact Information:

- a. **Organization:** Eckered Connects
- b. **County:** Pasco
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)



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☐ Non Profit 501(c) (4)

☐ Local Entity

☐ University or College

☐ Other (Please specify)

d. Contact Name: Martin Peters

e. E-mail Address: mpeters@eckered.org

f. Phone Number: (727)461-2990

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

a. Name: Slater Bayliss

b. Firm: Cardenas Partners

c. Email: swb@cardenaspartners.com

d. Phone Number: (850)222-8900