The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

1. **Title of Project:** Non-Custodial Parent Employment Program

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 01/24/2019

4. **Project/Program Description:**
   The Non-Custodial Parent Employment Program (NCPEP) assists parents who do not have custody of their children, are unemployed, or underemployed and are having difficulty meeting their child support obligations; to establish a pattern of child support payments by obtaining and maintaining unsubsidized, competitive employment; to be better parents and help them become self-sufficient.

5. **State Agency to receive requested funds:** Department of Economic Opportunity
   State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>500,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>500,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>500,000</td>
<td>26.10%</td>
</tr>
<tr>
<td>Federal</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>1,416,000</td>
<td>73.90%</td>
</tr>
<tr>
<td>Local</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>1,916,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yyyy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>1,416,000</td>
<td></td>
<td>2179</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. $1,416,000

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

    | Spending Category | Description | Amount |
    |-------------------|-------------|--------|
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

LFIR#: 1190

Administrative Costs:

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td>Senior Director is responsible for general oversight and coordination of services for the program, serves as a liaison with the community and funders for program, and will work closely toward program growth and fiscal diversity through grants and community involvement.</td>
<td>9,313</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td>QI Specialist (Responsible for conducting internal file review to ensure compliance and assess quarterly measurement outcome achievements.). Grant Accountant (Responsible for preparing monthly reimbursement reports, budgets, contract audit preparation and other financial information as required by the program, expenditure reports, and budget). Due to staff expansion they will review more files.</td>
<td>12,546</td>
</tr>
</tbody>
</table>

Expense/Equipment/Travel/Supplies/Other

Consultants/Contracted Services/Study

Operational Costs:

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Benefits</td>
<td>1 Senior Team Leader monitors the activities of the program staff in a designated office to ensure quality and quantity of services delivered. 6 Employment Specialists (4 for Greater Tampa Bay and 2 for Miami) are responsible for comprehensive case management and support to participants. 3 Program Administrative Assistants for Greater Tampa Bay that are now part-time but will become full-time.</td>
<td>309,500</td>
</tr>
</tbody>
</table>

Expense/Equipment/Travel/Supplies/Other

Consultants/Contracted Services/Study

Fixed Capital Construction/Major Renovation:

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td>Program evaluation, contract workers, and contract services.</td>
<td>4,531</td>
</tr>
</tbody>
</table>

Total State Funds Requested (must equal total from question #6) 500,000

11. Program Performance:

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

The FY 2019-2020 funds will be expended as follows: a) At least 1,300 clients will be served in Pinellas, Hillsborough, Pasco, Miami-Dade and recently expanded Hernando Counties; b) Standard contract expenses such as: operating costs to include facility rent/lease and to support program activities (mileage, supplies, utilities, etc.); salaries and fringe for 30 staff: 1 Senior Team Lead and 3 Team Leaders, 4 Program
Administrative Assistants, 20 Employment Specialists, 1 Director, and 1 Senior Director; and c) Supportive Services for client needs (limited), to include transportation, clothing, shoes, driver’s license reinstatement, GED fees.

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

Staff outreach, job development, supervised job search, job placement, case monitoring, educational assessments, and contingency funds for: transportation, work attire, vehicle maintenance, personal hygiene, short-term trade/skills training: i.e. construction trades helpers, security guards, etc. Support service referrals (mediation, substance abuse counseling, etc.). Referrals given for help with education, vocational assessments, parenting training, financial literacy training, peer support groups, etc.

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

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

Low income unemployed or underemployed non-custodial parents who are not meeting their child support obligations. The participants must meet: 1. TANF eligibility: The “TANF Eligibility Form (AWI WTP 0005(a) is completed and verified through the Florida System’s screens: AIAC (connects NCP with CP), AIAP (connects the NCP with the child), AIID (verifies child is a minor), and IQEL (verifies assistance received). 2. Verification of employment (VOE): The employer confirms or signs the internal verification of employment form or a pay stub copy. This VOE is used on initial employment, 90 and 180 days retention, as well as monitors increases in wages and position upgrades. 3. The child support payments are verified through the county system. 4. A copy of any training/certificates are kept in the file.

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

The current contractual obligations are: services provided – all counties FY 2019-2020 – all counties client: enrollments =1,300, entered employment= 845, 90-days employment retention= 634, 180-days employment retention= 423, upgrade in position= 102, increase in wages= 254, child support payments=550, training/certification=457. The program’s data is recorded in two systems: The state System OSST (One Stop Service Tracking) and Gulf Coast Jewish Family and Community Services’ internal system, Avatar. The participants’ information and all the backup documentation are scanned into the CareerSource electronic system, Atlas.

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?**

Suggested penalties to be considered include a repayment of a portion of the funds, proportionate to the shortfall in deliverables.

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:** SANDRA BRAHAM
b. **Organization:** Gulf Coast Jewish Family and Community Services  

**c. E-mail Address:** Sandra.Braham@gcjfcs.org  

**d. Phone Number:** (727)479-1865

**14. Recipient Contact Information:**

a. **Organization:** Gulf Coast Jewish Family and Community Services  

b. **County:** Statewide  

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:** SYLVIA ACEVEDO  

e. **E-mail Address:** Sylvia.Acevedo@gcjfcs.org  

f. **Phone Number:** (727)479-1865

**15. Lobbyist Contact Information**

a. **Name:** MARK ANDERSON  

b. **Firm Name:** Mark Anderson Consulting  

c. **E-mail Address:** Mark@consultanderson.com  

**d. Phone Number:** (813)205-0658