1. **Title of Project:** Florida Children's Initiative
2. **Senate Sponsor:** Darryl Rouson
3. **Date of Submission:** 02/20/2019
4. **Project/Program Description:**
   To support at-risk children and families in the disadvantaged communities in Jacksonville, Orlando, Liberty City, Overtown and Sulphur Springs (authorized per s. 409.147, F.S.) addressing critical needs using a proven cradle to career strategy.
5. **State Agency to receive requested funds:** Department of Children and Families
   State Agency Contacted? No
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>1,000,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>1,000,000</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>1,000,000</td>
<td>13.16%</td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>6,600,000</td>
<td>86.84%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>7,600,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recurring</td>
<td>NonRecurring</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Program Performance:

a. **What is the specific purpose or goal that will be achieved by the funds requested?**
   
   Increase the number of children engaged in health and wellness programs. Increase the number of children involved in physical fitness activities. Reduce the childhood obesity rate.

b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
   
   Engage children in robust fitness activities including year-round comprehensive athletics programs. Provide nutrition and healthy cooking lessons. Increase access to healthy meals.

c. **What are the direct services to be provided to citizens by the appropriations project?**
   
   Engaging children and their families in physical fitness programs. Providing nutrition education and healthy cooking lessons to children and families. Expanding community gardening in the neighborhoods.

d. **Who is the target population served by this project? How many individuals are expected to be served?**
   
   At-risk children and families in disadvantaged neighborhoods.

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

   Improved life outcomes; employment; post secondary education and reduced criminal involvement.

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?**

   Standard penalties are adequate.

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:** Winnie Heggins
   b. **Organization:** Ounce of Prevention
   c. **E-mail Address:** Wheggins@ounce.org
   d. **Phone Number:** (850)933-2846

14. **Recipient Contact Information:**
   a. **Organization:** Ounce of Prevention
   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:** Winnie Heggins
   e. **E-mail Address:** Wheggins@ounce.org
   f. **Phone Number:** (850)933-2846

15. **Lobbyist Contact Information**
   a. **Name:** None
   b. **Firm Name:** None
   c. **E-mail Address:**
   d. **Phone Number:**