



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 2059

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Request \$2,000,000 in non-recurring GR to provide for a staff retention plan to assist in retaining juvenile justice direct care staff employed by contracted providers of the Florida Department of Juvenile Justice. Current contracted employees working directly with children under the Department's care, control, and custody would receive annual retention compensation based on longevity of employment and performance

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	2,000,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	2,000,000	1178	Yes

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

There is no additional funding available as all existing funding is provided through contractual agreements that do not provide for retention considerations.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Provide retention compensation to direct-care staff of providers contracted with the Department of Juvenile Justice based on longevity of employment and performance.	2,000,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,000,000

12. Program Performance

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

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

The requested funds will assist in retaining high performing, trained, and quality staff and increase the level of service delivery provided by direct care staff to youth within Florida's juvenile justice system.

c. What direct services will be provided to citizens by the appropriation project?

Juvenile Assessment Center screening, Case Management, Residential Care Supervision

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

Direct care staff of contracted providers for the Florida Department of Juvenile Justice

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

Funding of this request will reduce turnover amongst contracted staff members.

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 the contract?



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Compensation criteria will be pre-determined and compensation will be distributed to staff members that meet longevity of employment requirements.

13. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Contract Providers



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14. Requestor Contact Information

a. First Name Last Name
b. Organization
c. E-mail Address
d. Phone Number Ext.

15. Recipient Contact Information

a. Organization
b. Municipality and County

c. Organization Type

- ☐ For Profit Entity
☐ Non Profit 501(c)(3)
☐ Non Profit 501(c)(4)
☐ Local Entity
☐ University or College
☒ Other (please specify) State Agency

d. First Name Last Name
e. E-mail Address
f. Phone Number

16. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number