

LFIR # 2095

State Agency contact State Sta		for Fiscal Year 20	022-2023				
Type of Funding			Amou				
Operations				990,000			
	Fixed Capital Outlay			0			
Total State Funds R	Requested			990,000			
Type of Funding Total State Funds Re	equested (from que	estion #6)	990,000	Percentage 100%			
			,				
Matching Funds			_				
Federal		()	0	0%			
Federal State (excluding the	amount of this req	uest)	0	0%			
Federal State (excluding the Local	amount of this req	uest)	0	0% 0%			
Federal State (excluding the Local Other			0 0 0	0% 0% 0%			
Federal State (excluding the Local			0	0% 0%			
Federal State (excluding the Local Other	for Fiscal Year 2	022-2023	0 0 0	0% 0% 0%			
Federal State (excluding the Local Other Total Project Costs B. Has this project pre	for Fiscal Year 2	022-2023	0 0 0 990,000 No	0% 0% 0%			
Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	for Fiscal Year 2	022-2023 state funding?	0 0 0 990,000	0% 0% 0% 100%			
Federal State (excluding the Local Other Total Project Costs B. Has this project pre	for Fiscal Year 2 viously received	022-2023 state funding?	0 0 0 990,000 No	0% 0% 0% 100%			
Federal State (excluding the Local Other Total Project Costs B. Has this project pre Fiscal Year (yyyy-yy)	for Fiscal Year 2 viously received Am Recurring	022-2023 state funding? ount Nonrecurring	0 0 990,000 No Specific Appropriation #	0% 0% 0% 100%			
Federal State (excluding the Local Other Total Project Costs B. Has this project pre Fiscal Year (yyyy-yy) 9. Is future funding like	for Fiscal Year 2 viously received Am Recurring	ount Nonrecurring ed?	0 0 990,000 No Specific Appropriation #	0% 0% 0% 100%			
Federal State (excluding the Local Other Total Project Costs B. Has this project pre Fiscal Year (yyyy-yy)	for Fiscal Year 2 viously received Am Recurring	ount Nonrecurring ed?	0 0 990,000 No Specific Appropriation #	0% 0% 0% 100%			
Federal State (excluding the Local Other Total Project Costs B. Has this project pre Fiscal Year (yyyy-yy) 9. Is future funding lik a. If yes, indicate no	for Fiscal Year 2 viously received Am Recurring ely to be request	ount Nonrecurring ed? unt per year.	0 0 990,000 No Specific Appropriation #	0% 0% 0% 100%			

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



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

pending 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		0			
Expense/Equipment/Travel/Supplies/ Other	Daycare Subsidy and differential of payments for foster children would be paid so foster parents so they would not have to pay out of pocket for daycare.	770,000			
Consultants/Contracted Services/Study	Services for children and their families involved in the child welfare system. Domestic Violence assessments, psychological assessments, housing assistance, flights for children, any wrap around services to support reunification, safety, permanency and wellbeing.	220,000			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6)					

12. Program Performance

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

The funding would be used to cover daycare and other expenses for foster parents as well as services for children and families such as substance abuse, mental health, and wrap around services for families. 100% of the funding will go directly to services for clients. This is due to Safe Children Coalition being funded 32.4% below the statewide average which is 8,083,995.

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

The funding would be used to cover daycare and other expenses for foster parents as well as services for children and families such as substance abuse, mental health, and wrap around services for families. 100% of the funding will go directly to services for clients. This is due to Safe Children Coalition being funded 32.4% below the statewide average which is 8,083,995.

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

Daycare, substance abuse assessments/treatment not covered, mental health services not covered, and wrap around services for children and families not covered, any services to help with the safety, permanency and well-being of children and families involved in the child welfare system.

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

Over 700 children enter care in Circuit 12 every year with majority under age of 12. There are currently 1193 children in out of home care which would need daycare or camp due to their foster parent/caregivers working. Safe Children Coalition serves about 5000 total children a year with other services such as substance abuse, mental health, need for housing, food etc.

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



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Foster Parents would be able to take children in their homes as they could afford daycare expense. Parents who need to work to afford housing would be able to afford their children to be in daycare. Children and Families who need substance abuse services, mental health services, and other wrap around services would be able to receive needed assistance. This can be measured by Placement stability report in FSFN, No re-abuse report in FSFN, lower number of children removed in FSFN.

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?

Any funds not used would be given back to the Department of Children and Families.

13.	The owners of the facility	y to receive, direc	tly or indirectly	, any fixed capital	outlay funding.	Include the
	relationship between the	owners of the fa	cility and the en	itity.		

N/A



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14.	14. Requestor Contact Information							
	a. First Name	Brena		Last Name	Slater			
	b. Organization	Safe Children Coalition						
	c. E-mail Address	bslater@	bslater@sccfl.org					
	d. Phone Number	(941)809-3993 Ext.						
15. Recipient Contact Information								
	a. Organization	Safe Chil	dren Coalition					
	b. Municipality and	l County	Sarasota					
	c. Organization Ty	ре						
	□For Profit Entity							
	☑Non Profit 501(c	:)(3)						
	□Non Profit 501(c)(4)							
	□Local Entity							
	□University or College							
	□Other (please sp	ecify)						
	d. First Name	Brena		Last Name	Slater			
	e. E-mail Address	bslater@	sccfl.org					
	f. Phone Number							
16.	16. Lobbyist Contact Information							
	a. Name	Kelly C. Mallette						
	b. Firm Name	Ronald L	Book PA					
	c. E-mail Address	kelly@rlbookpa.com						
	d. Phone Number	(305)935-1866						