

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Camelot Community Care Adoption Support Program
2. Date of Submission: 01/19/2016
3. House Member Sponsor(s): Dana Young

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					250,000	0	250,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Michael DiBrizzi
- b. Organization: Camelot Community Care
- c. Email: mdibrizzi@camelotcommunitycare.org
- d. Phone #: (727)593-0003

6. Organization or Name of Entity Receiving Funds:

- a. Name: Camelot Community Care
- b. County (County where funds are to be expended) Hillsborough, Pasco, Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding) Hillsborough, Pasco, Pinellas

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Camelot Community Care, a Tampa Bay area based Non-Profit organization that provides child welfare and behavioral health services, has identified a need and a plan for a family-centric adoption support program, which would be piloted in Hillsborough County. Camelot will utilize current space and administrative costs to allow for almost all of the funding to be used for programs and services, including: Clinical counseling, case management, training, parent support groups, child support groups, and crisis response services.

A growing concern in the industry is disruption during the adoption process, resulting in failure of the adoption. According to a 2012 Childwelfare.gov study, between 10%-25% of adoptions fail in the United States, for a multitude of reasons. The major theme of Camelot Community Care's proposal is that adoption disruption can and must be prevented. In order to do this, Camelot would like to receive funding from the State of Florida to implement a pro-active program, where adoptive parents will receive direct support services throughout the adoption process, and for as long as necessary after finalization. Camelot believes that the successful implementation of this pilot program will reduce disruption and the number of failed adoptions, as well as save the State of Florida money by reducing the number of children who would re-enter the child welfare system or who are placed in expensive inpatient treatment programs as a result of their trauma.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

9. Is this a multi-year project requiring funding from the state for more than one year?

Yes