

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: Statewided Problem Gambling and Respoonsible Gaming Programs and Services
2. Date of Submission: 01/22/2016
3. House Member Sponsor(s): Manny Diaz

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2015-16
- 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:	930,000	0	930,000	930,000	1,070,000	0	1,070,000

- 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: Eliakim Nortelus
- b. Organization: The Florida Council on Compulsive Gambling
- c. Email: ELI.Nortelus@akerman.com
- d. Phone #: (850)577-6756

6. Organization or Name of Entity Receiving Funds:

- a. Name: The Florida Council on Compulsive Gambling
- b. County (County where funds are to be expended) Statewide
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

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.)

Income

Grants - DBPR \$2,000,000
 TOTAL INCOME \$2,000,000

Expenses

Salaries, Benefits & Taxes

Director of Clinical Training \$28,000
 HelpLine Specialist \$23,400
 Admin/Prevention Assistant \$22,500
 Director of HelpLine Operations \$33,750
 Deputy Director \$63,750
 Director of Prevention Services \$46,800
 Executive Director \$83,430
 Employer Payroll Taxes \$32,000
 Health Insurance \$21,120
 Worker's Compensation \$750

Unemployment Insurance	\$3,500
Operational Expenses	
Office/Maintenance Expense	\$10,000
Equipment	\$10,000
Professional Services	\$7,500
Telephone and Translation	\$20,000
Professional Liability	\$1,100
Contents Liability	\$2,500
Directors/Officers	\$600
Payroll Service	\$1,800
Postage	\$5,000
Advertising/Outreach	
Out of Home Advertising	\$490,000
Interactive/Website	\$310,000
Radio/Television/Cable	\$210,000
Production/Research/Testing/Design	\$50,000
Non-Traditional	\$75,000
Program Expenses	
Responsible Gaming Program	\$105,000
After-Hours Support	\$100,000
Peer Connect Program	\$50,000
Problem Gambling Awareness Month	\$7,500
Communication/Outreach/Partnerships	\$150,000
Conference's/Trainings	\$15,000
Online Education Programs	\$20,000
TOTAL EXPENSES	\$2,000,000

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

Federal: 0

State: 2,000,000 (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