## CITY OF POMPANO BEACH FISCAL YEAR 2017

### FUNDING FOR NON-FOR-PROFIT ORGANIZATIONS

1. Legal Name of Organization: Children's Harbor, Inc.

2. Mailing Address: 19425 SW 58th Manor Pembroke Pines, FL 33332

3. Date of Incorporation: December 1996

3a. Does your corporation/organization fall within Section 501(c)(3) and Section 501(a) of the Internal Revenue Code? Yes X No \_\_\_\_\_ (Please attach proof of tax exempt status)

4. Chief Executive Officer: Dr. Elizabeth Wynter

Official Title: President & CEO Telephone #: (954) 252-3072 Ext. 204

5. Contact Person (if different from above): <u>Debra Sandler</u> Telephone #: (954) 252-3072 Ext. 138

1

6. Provide a brief description of the organizations goals and objectives:

Children's Harbor, a nationally accredited non-profit agency, is celebrating its 20th Anniversary this year! The organization's mission is to provide safe shelter and support to at risk children and youth, keeping brothers and sisters together, strengthening families, and guiding youth toward independence.

The Children's Harbor Family Strengthening Program began 17 years ago in 1999, and has been providing weekly in-home therapeutic services to 200 at-risk families each year ever since. Child abuse allegations in Broward County are investigated by the Broward Sheriff's Office (BSO). Families are referred to the program by BSO when child protective investigators determine that a family is at-risk, however the level of risk does not require the immediate removal of children. In addition to the referrals received from BSO, the program also accepts referrals from other Broward County community agencies, as well as self-referrals. Since its inception, Child Harbor Family Strengthening Program has remained committed to its goal of helping families stay together and grow stronger. Services are focused on reducing or eliminating risk factors for the child, parent(s), and families as a whole, while developing and reinforcing protective factors. Counselors instruct, guide and assist parents to develop and maintain supportive parent-child relationships and improve child behavior; improve parenting skills and coping mechanisms; reduce aggressive behaviors; provide household structure and rules; access community resources and food, employment and/or

other areas of need, and better household environments by improving household maintenance, budgeting and purchasing. Counselors accommodate their client's schedules, including after-school hours for the children and after-work hours for the caregivers and weekends.

- 7. Amount of funding requested \$1,000
- 8. Provide a brief description of how City funds would be spent and identifying the community need(s) to be addressed. This should include what exactly will be provided and to how many people (City residents).

The funds from the City will be used to offset the operating expenses of Children's Harbor Family Strengthening Program. Contract funding does not cover the expenses to provide this service-therefore we are dependent on additional dollars to offset the expense:

- Average session is 2 hours long at 83.43 per Face-to-Face hour
- 12 weeks x 166.86 (83.43/hr.) = \$2,002.32 per family.

Children's Harbor Family Strengthening Program provides weekly in-home psycho-educational parenting services and skills training, using evidence-based intervention programs called Nurturing Positive Parenting and Circle of Security. All program activities are designed to allow children to remain safely in the home and out of the child welfare system- breaking the intergenerational cycle of abuse and reducing the recidivism rate of families receiving social services. Counselors work with both parents and children to build self-awareness, positive concept/self-esteem and levels of empathy; teach alternatives to hitting and yelling, enhance family communication and awareness of needs; and replace abusive behaviors with nurturing ones. Children's Harbor will serve approximately 16 families in fiscal year 2016. With each family averaging approximately 4 members, services will impact more than 64 individuals in Broward County.

Clients are assessed a sliding scale fee based on the family's income and the number of people in the home, however, no one is ever turned away for their inability to pay. Last year, 90% of the families served through the Family Strengthening Program were not charged for services because they met poverty guidelines published by the Department of Health and Human Services.

Our primary source of revenue is contract dollars from the Children's Services Council. To provide quality services to the children and families we serve, we must fundraise and seek additional revenue to cover our expenses. The City Commission of the City of Pompano Beach grant would help leverage funding from the Children's Services Council for the Family Strengthening Program- an 8% match requirements (approximately \$36,000). Funding would support services to Pompano Beach residents.

Unfortunately, the need for these services remains great according to ChildNet, Broward County's Lead Agency, the average number of child abuse reports received in Broward County was 1,191 per month last year. The number of children removed is also increasing- 2,343 children were in out-of-

home care last year, compared with 1,403 four years ago, reflecting an increase of 60%. In addition, the numbers of children coming into care far outpaces those exiting it, due to workload issues. Clearly, there is a critical need for preventative services that can keep children out of the child welfare system in the first place. State and local communities benefit substantially, both in human capital, economic, and social costs, when at-risk families become stable, healthy, and self-sufficient.

9. How will the recommended funding compliment the array of City services currently being provided to City residents?

Family Strengthening Counselors will provide intensive therapeutic counseling and case management for families identified as "at-risk" of losing custody of their children. This intervention will often be the entry point of service delivery for these families. If applicable, at the end of our service program, we will refer the family for ongoing services within their home community, most likely within their city of residence.

- 10. Will the recommended grant amount result in the leveraging of additional funds from the County, State, Federal or other foundations/agencies which require a local match like a contribution from the City of Pompano Beach? Yes X No \_\_\_\_\_
  - 10a. If yes, what is the ratio of this other funding to the City's recommended funding? 1:12
- 11. Does your organization receive support from the County or other cities? Yes  $\underline{X}$  No  $\underline{\hspace{1cm}}$ 
  - 11a. If yes, please list the amount(s) and source(s).
    - Coral Springs Community Chest- \$1,000
- 12. What percentage of your organization's budget is direct delivery of service as opposed to "overhead"? 87%

#### 13. **PERFORMANCE MEASURES**

Please list below the various levels of service [performance measures] that your organization will be providing to residents of the City of Pompano Beach.

	Most Recently Completed Year 2015	Current Year Estimated 2016	Next Year Proposed 2017
Total Persons Served	214	177	180
Number of Pompano Beach residents served	30	25	30

# 14. Agency Budget Information: Please note that Total Resources Available and Total Resources Allocated should be EQUAL for each fiscal year.

	Last Year Adopted 2016	Current Year Proposed 2017
Resource Available:		
City of Pompano Beach	1,000	1,000
Federal Funding		
State Funding		
Other Local Government Funding	452,508	447,633
Foundation Grants		
User Fees		
Other Revenue Sources	53,500	35,000
Total Resources Available	507,008	483,633
Resource Allocated:		
Salaries	256,200	271,018
Benefits	88,838	89,483
Supplies/Expenses	28,355	19,885
Contractual Services		
Capital Outlay [Equipment]		
Other	133,615	103,247*
<b>Total Resources Allocated</b>	507,008	483,633

<sup>•</sup> Please provide line item detail for expenses over \$10,000

# • Line item detail for other:

Local or Out of Town Staff Travel	\$12,600
Flex Funds (Cost Reimbursement)	\$11,250
Value Added (Cost Reimbursement)	\$ 2,750
Other Cost Reimbursement Items	\$ 1,699
Administrative Costs	\$38,948
Matching Contributions	\$36,000

Total: \$103,247