Risk Pool Funding Application SFY 2018-19

Please complete all items and submit electronically to the Regional Managing Director.

Upon review and concurrence of the Risk Pool Funding Application, the Regional

Managing Director will submit the application to the Deputy Secretary for the

Department.

Lead Agency Name: Big Bend Community Based Care

Region: Northwest Region Contract No.: BJ101

Address: 525 North Martin Luther King, Jr. Boulevard, Tallahassee, Florida 32301

Lead Agency Contact: Mike Watkins Phone No.: 850-410-1020

Contract Manager: Margaret Petronio Phone No.: 850-410-1020

This request is being submitted in response to an anticipated end of the fiscal year deficit inclusive of carry forward deficit.

Financials:

- 1) Confirm the dollar amount being requested: \$577,224
- 2) Confirm that funds will be expended by the end of the current fiscal year: ✓ Yes ☐No
- 3) How do you propose to use these funds to address or correct the underlying cause of the shortfall?

The Risk Pool funds will be utilized to balance our budget from the shortfall of last fiscal year and help fund the increases BBCBC has been seeing in its Out-of-Home Care numbers. Additionally, these funds will be utilized to help support the CASE Aim initiative in Circuit 14 which is aimed at reducing the number of children in Out-of-Home Care.

Lead Agency Name: Big Bend Community Based Care	
Region: Northwest Region	Contract No.: BJ101
Lead Agency CEO/ED Name: Mike Watkins	
P. End Low	8/16/2018
Lead Agency CEO/ED Signature	Date
CBC Contract Manager Name: Margaret Petronio	
ODO CONTRACT Manager Wangaret vellonio	
Margaret John Univ	8/16/2018
CBC Contract Manager Signature	Date
Regional Managing Director Name: Walter Sachs	
Please confirm the following:	
The Lead Agency submitted a Financial Viability Plan.	☑ Yes □ No
The Lead Agency is actively working its Financial Viability	y Plan. □ Yes □ No
The Lead Agency's Financial Viability Plan include deficits for one or more CMO contracted through t	
Please check the applicable box to indicate your level of	support of this application:
☐ Concur	
☐ *Do Not Concur	
Man Sal	8/17)18
Regional Managing Director Signature	Date
*Rationale:	
(This item must be completed if "Do Not Concur" is c	checked.)
Click here to enter text.	
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