

## Risk Pool Application SFY 2016-17

*Please complete all items and submit electronically to the Regional Managing Director. Upon review and concurrence of the Risk Pool Request, the Regional Managing Director will submit the application to the Deputy Secretary for the Department.*

Lead Agency Name: **Sarasota Family YMCA, Inc.**

Region: SunCoast Region

Contract No.: QJ2B0

Address: 1 South School Ave.  
Suite 301  
Sarasota, FL 34237

Lead Agency Contact: Brena Slater

Phone No.: (941)809-3993

Contract Manager: Lois Admire

Phone No.: (813)337-5843

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This request is being submitted in response to an anticipated current year deficit in excess of available carry forward funds.

### Financials:

- 1) Confirm the dollar amount being requested: \$2,100,000.00
- 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?

Funds will be used to cover the additional costs incurred due to the significant increase in the number of removals. Due to the fact that the underlying cause of the shortfall, the increase in removals, is beyond the control of the Lead Agency, continued discussions will need to occur in order to address any systemic issues within the Child Protection System, and/or the need for additional resources being added to the Child Welfare System as a whole.

Lead Agency Name: Sarasota Family YMCA, Inc.

Region: SunCoast

Contract No.: QJ2B0




Laura Gilbert

11/21/14

Lead Agency CEO/ED Name and Signature

Date

Lois Admire 

11/21/16

CBC Contract Manager Name and Signature

Date

Regional Managing Director Name: Lisa Mayrose

**Please confirm the following:**

The Lead Agency submitted a Financial Viability Plan.

Yes

No

The Lead Agency is actively working its Financial Viability Plan.

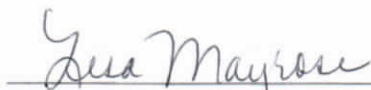
Yes

No

Please check the applicable box to indicate your level of support of this application:

Concur

\*Do Not Concur



Regional Managing Director Signature

11/21/16

Date

**\*Rationale:**

**(This item must be completed if "Do Not Concur" is checked.)**