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

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: X 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   11/21/16

Lead Agency CEO/ED Name and Signature   Date

Lois Admire _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

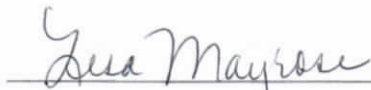The Lead Agency is actively working its Financial Viability Plan. ☑ Yes   ☐ No

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

Concur

*Do Not Concur

Lisa Mayrose   11/21/16

Regional Managing Director Signature   Date

*Rationale:

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