



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1183

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Funds will be utilized for permitting, site work, electrical, plumbing, and the steel structure building to complete the new Fostering Change Foster Closet facility. The facility acts as a free store for foster children, foster families, and low-income families providing items such as: diapers, food, clothing, cribs, furniture and items for daily living. It will also act as a 24/7 intake center. This facility accelerates the placement process for foster children. This facility will assist in doubling the number of foster children served in both Pasco and Hernando Counties and fill a significant void in Hernando County.

5. **State Agency to receive requested funds**

**State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	300,000
<b>Total State Funds Requested</b>	<b>300,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	86%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	50,000	14%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>350,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

7/01/2023

d. What is the estimated completion date of construction?

02/29/2024

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Fostering Change, Inc., a 501(c)(3) non-profit organization, will own and operate the facility.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Permitting, site work, electrical, plumbing, and the steel structure building to complete the new Fostering Change Foster Closet facility that serves as a free store for foster children, foster families, and low-income families.	300,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

### 14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

Permitting, site work, foundation, electrical, plumbing, and the steel structure building to complete the new Fostering Change Foster Closet facility.

b. What activities and services will be provided to meet the intended purpose of these funds?



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The facility will act as a free store for foster children, foster families, and low-income families providing items such as diapers, food, clothing, cribs, furniture and items for daily living as well as school items including free computers, notepads, pencils, crayons, paper and more.

**c. What direct services will be provided to citizens by the appropriation project?**

Provides the means for foster families to take in foster children that may not have the means to do so. It will also act as a 24/7 intake center. This facility accelerates the placement process for foster children and will double the number of individuals served.

**d. Who is the target population served by this project? How many individuals are expected to be served?**

Foster children, foster families, low-income individuals and the homeless. The facility will allow Fostering Change to serve over 2,000 individuals in Pasco County and Hernando Counties. Essentially doubling the number of foster children, foster families and low-income individuals it currently serves. It will also allow the expansion into Hernando County and fill a void.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

This facility accelerates the placement process for foster children and will double the amount currently served by Fostering Change. The facility lessens the burden on DCF and Child Protective Services Officers. Individuals are tracked through the intake center and Fostering Change will be able to provide and count the number of individuals served and provide to DCF and other state agencies when requested.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?**

Funding would be withheld via a grant agreement with DCF for any deliverables not achieved.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)



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d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number