



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1521

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

4. Project/Program Description

Amigos Strengthens Families & Communities is a community-based, culturally and linguistically relevant program for parents/caregivers and children designed to foster positive parent/child interactions that break the inter-generational cycle of child maltreatment and dysfunction. By targeting families that are at risk of abuse and neglect, the program serves as a primary prevention tool to increase healthy parenting knowledge and skills. The program uses the Nurturing Parenting Program Curriculum, an evidence-based curriculum that addresses the protective factors that help prevent child abuse and neglect which are a research-informed, cost-effective strategy to increase family stability, enhance child development and reduce child abuse and neglect. The 6 factors include: Nurturing and Attachment, Knowledge of Parenting and Youth Development, Parental Resilience, Social Connections, Concrete Supports for Parents, and Social and Emotional Competence of Children.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	0
Total State Funds Requested	200,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	29%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	71%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	700,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24		200,000	315	No

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.

The program will continue to operate with grant funds and private foundation funding on a smaller scale. This funding request is to expand an existing program.



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

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

PPP Loan \$121,000. The funds were used to offset fundraising losses due to the pandemic used to cover personnel and overhead costs of the organization not covered by other funding sources.

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
 N/A

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

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	President & CEO - \$195,000 @ 15% \$29,250 (Salary & Fringe)	29,250
Other Salary and Benefits	Accounting Coordinator - \$ 68,000 @ 15% \$10,200 (Salary + Fringe) Human Resources Generalist - \$60,035 @ 15% \$9,005.25 (Salary + Fringe) Records Management Supervisor - \$75,068 @ 15% = \$11,260.70 (Salary + Fringe)	30,466
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Sr. Director of Programs - \$104,000 @ 35% \$36,400 (Salary + Fringe) Director of Family Services - \$97,500 @ 35% = \$34,125 (Salary + Fringe) Program Coordinator - \$81,900 @ 35% = 28,665 (Salary + Fringe) Senior Counselor - \$75,400 @ 35% = \$26,390 (Salary + Fringe)	125,580
Expense/Equipment/Travel/Supplies/Other	Program Supplies - \$5,000 Other - Family Stabilization Funds for direct assistance \$9,704 - Funds will be used as needed to prevent evictions, shut off of utilities, food needs, etc)	14,704
Consultants/Contracted Services/Study		0



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Fixed Capital Construction/Major Renovation:

Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		200,000

14. Program Performance

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

Amigos for Kids (AFK) seeks a direct grant to expand our parent education services. This AFK program was recognized by The Children's Trust as "Program of the Year". The Positive Parenting Program (PPP) is a proven model for the prevention of child abuse/neglect. The program curricula is the result of extensive research of high-risk parenting beliefs & behaviors. Parents & children learn new beliefs, knowledge & skills that improve their family functioning as skills/competencies are gained. Amigos uses a Group Based Model that is cost effective, includes parent to parent socialization, interactive learning, for 8 weeks. Positive family life leads to productive, employed citizens, saving taxpayers and the State of Florida many resources.

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

The goals are to strengthen families and their children by providing relevant, effective education and support for the healthy growth and development of the family. During the 8 weeks educational workshops parents learn ways in which their chances of success in life can improve, through communication, role playing, and life skills. Important core values of the program include empathy, parental self-care and alternative discipline methods resulting in successful parenting. These activities are designed to offer experiential learning, promote child health, and positive family interactions and relationships. All of the educational activities are delivered by staff trained in our evidence-based program curriculum delivery. In addition, wrap around supportive services are offered by our family support workers for families in need of other community services.

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

Assessment & Screening
Parent Education
Wrap-around Supports & Referrals (when needed)

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

AFK serves children and parents at risk of child abuse and neglect throughout Miami Dade County. The majority of the families we serve are of limited economic means; circumstances that can ignite the life stressors that lead to abuse & neglect and less fortunate children & families. Together with current funding for this program, the State of Florida's support, will allow us to add 8 additional cohorts, thereby serving a total of 370 families (parents & children) that equates to approximately 420 individuals served annually.

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

1. Reduction in Child Problem Behavior - 85% or higher of program participants will report a reduction in child problem behavior after completion of program. This will be measured through pre- and post-assessments using the Strengths and Difficulties Questionnaire (SDQ).
2. Increase in Positive Parent/Child Interaction - 75% or higher of program participants will report increase in positive parent child interaction after completion of program. This will be measured through pre- and post-assessments using the Adult / Adolescent Parenting Inventory 2 (AAPI-2).

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?

Standard contract penalties.

15. Requester Contact Information

a. First Name **Last Name**



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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)

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