



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1042

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Growing OAKS is an Initiative for Circuit 12. Our mission is to develop, initiate and grow solutions for individuals, families and entities engaged with Foster youth expanding collaborative efforts to close the gaps from policy to practice throughout our Community. After research and data in 2022, Growing OAKS Initiative learned there are currently families in crisis waiting to be provided services and connections to resources. Finding a short-term solution with implementation for these families in Manatee County and Sarasota County help prevent and reduce Foster Care child/youth from going into the system as well as provides much needed services to these families.  
 The five Family Navigators will fill in 3 current gaps - those on the waitlist for CAT Teams, those who completed the CAT Team Program and those who do not qualify. During the months of January and February 2023, OAKS is doing an Environmental Scan to determine the Organizations to take on the five Family Navigators.

5. State Agency to receive requested funds

State Agency contacted?  No

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

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</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)	250,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>250,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

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

9. Is future funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

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



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LFIR # 1042

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.

## 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)?

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Family Navigators - salary and benefits package to be provided at 40,000 per Family Navigator plus benefits to the organizations determined from the Environmental Scan to take on the five Family Navigators.	250,000
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		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

14. Program Performance

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



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Families currently in crisis with little to no connection to resources and support in Manatee and Sarasota County. This helps prevent and reduce Foster Care Child/Youth from going into the system as well as provides much needed services to these families.

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

One-to-one connection, peer support, resource connector, empowering each family through advocacy and alleviating system barriers, provide skill building, advocacy mentorship, recovery support, problem solving, goal setting and tools to navigate through education.

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

One-to- One Connection, Peer Support, Resource Connector, Empowering each Family, Skill Building, Advocacy Mentorship, Recovery Support, Problem Solving, Goal Setting, and Evidence Based Education and Empowerment

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

Families and child/youth on the waitlist for CAT Teams, who complete services with CAT Teams or families and child/youth who do not qualify for CAT Team wrap around care. Each Navigator would manage 12-15 families per month.

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

To fill the current 3 gaps for families in crisis. The methodology by which the outcomes will be measured will be determined through data with CAT Teams, Mini CAT Teams and the current data systems in place with the Organizations and Entities in Circuit 12.

**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?**

No additional penalties other than the standard penalties for failure to meet the provisions of the contract.

**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



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Other (please specify) Given to Non-Profits 501(c) (3)

**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**