



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2149

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

Family Support Services of North Florida (FSSNF) took two years of investigations and child abuse and neglect data and overlaid with social determinants of health (SDoH) to identify the community with the greatest need in Jacksonville. Zip code 32209 was identified as the area in Jacksonville with the highest number of investigations and removals as well as poor SDoH.

In partnership with Casey DeSantis' Hope Florida Initiative, FSS has collocated staff at our newly launched Center of Hope with a Care Navigator to meet the needs of the 32209 community. As an expansion, FSS aims to link arms with the local community. These funds allow FSS to support regular events and programming that will align Prevention efforts with the community in 32209.

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

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

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)	350,000	70%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	30%
Total Project Costs for Fiscal Year 2023-2024	500,000	100%

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?** No

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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Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2149

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Family Resource Center Manager (\$91,000)	91,000
Expense/Equipment/Travel/Supplies/Other	Community/Neighborhood Projects (\$100,000) Concrete Supports - emergency supports for families in crisis to stabilize families and prevent child maltreatment/removals (ex. emergency food, housing, diaper bank) (\$74,000) Engagement incentives for families who participate in programs (\$20,000) Community and parent advisory council meeting (\$25,000)	219,000
Consultants/Contracted Services/Study	Professional development training (\$20,000) Life skill coaching for youth (\$20,000)	40,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		350,000

14. Program Performance



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LFIR # 2149

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

Focus will be on providing the training, guidance, and support with identified community (32209)

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

Facilitating group sessions and trainings that will address racial stress and trauma, resiliency, strengths discovery, coping skills, civic engagement, and the importance of connections/self-care. All services provided are connected to at least one of the five Protective Factors, which when present in families are shown to reduce risk of abuse and/or neglect.

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

Facilitating group sessions and trainings that will address racial stress and trauma, resiliency, strengths discovery, coping skills, civic engagement, and the importance of connections/self-care. All services provided are connected to at least one of the five Protective Factors, which when present in families are shown to reduce risk of abuse and/or neglect.

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

Citizens of the 32209 area of focus. Family Support Services of North Florida (FSSNF) expects to serve 100-200 citizens.

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

Decrease the number of Department of Children and Families investigations, and child abuse and neglect in the identified community. Family Support Services of North Florida will be tracking recidivism of intakes within the 32209 area.

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?

Corrective Action Plans (CAP) for noncompliance, nonperformance, or unacceptable performance under the contract agreement. Financial consequences for failure to correct performance measures/contract standards, and if not resolved within a reasonable period, termination of 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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2149

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