



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2351

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Wrap Broward will work with at-risk youth, referred by the judicial system, using an evidence-based model (MiiWrap) that is proven to prevent further incarcerations, suspensions, substance abuse, and family stress. For decades, services that have minimal impact continue to be used and recidivism rates have remained high. MiiWrap collaborates with youth and families to form a team of support that is composed of 50% "natural supports" to increased sustained behavioral change over time.

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	377,500
Fixed Capital Outlay	0
Total State Funds Requested	377,500

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)	377,500	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	377,500	100%

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?

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



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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	An executive director (1.0 FTE), will supervise this program, as well as providing direct services.	70,000
Other Salary and Benefits	An administrative assistant (0.5 FTE) will provide clerical assistance for the program.	23,500
Expense/Equipment/Travel/Supplies/Other	Computers, office furniture, cell phones, office space, utilities, misc office material	39,000
Consultants/Contracted Services/Study	Hiring of outside consulting firm. Perform work for—or provide services to—entity as a nonemployee.	30,000
Operational Costs: Other		
Salary and Benefits	Three full-time staff will provide MiiWrap facilitation to youth and their families	175,000
Expense/Equipment/Travel/Supplies/Other	Funds will be used to cover stipends for families transportation	10,000
Consultants/Contracted Services/Study	VroonVDB staff will train, certify, and provide ongoing supervision to the program.	30,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		377,500

14. Program Performance

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

Wrap Broward will work with at-risk youth, referred by the judicial system, using an evidence-based model (MiiWrap) that is proven to prevent further incarcerations, suspensions, substance abuse, and family stress. For decades, services that have minimal impact continue to be used and recidivism rates have remained high. MiiWrap collaborates with youth and families to form a team of support that is composed of 50% "natural supports" to increased sustained behavioral change over time.



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

Activities include case referrals; case management; orienting the family to MiiWrap; Completing a Strengths Needs Cultural Discovery; Formation of the Family Team; Creating a Vision for a Better Future; Developing a Plan; Team Meetings; and Developing Family Transition Assets. These activities are defined in the MiiWrap Model and are intended to engage family systems.

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

Activities include case referrals; case management; orienting the family to MiiWrap; Completing a Strengths Needs Cultural Discovery; Formation of the Family Team; Creating a Vision for a Better Future; Developing a Plan; Team Meetings; and Developing Family Transition Assets. These activities are defined in the MiiWrap Model and are intended to engage the family system.

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

At-risk youth; high school students. This project is expected to help 51-100 individuals directly, as well as provide training to various organization's leadership to provide the MiiWrap model to their clients.

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

Improved mental health; Protect the general public from harm; Enhance specific individual's economic self-sufficiency.
Methodology is described in detail in the matching House form.

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?

Repayment of funds to the state on a pro-rated basis, after being a reasonable chance to correct any contractual deficiencies.

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)

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