



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Informed Families of Florida

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 11/13/2017

4. **Project/Program Description:**

Informed Families of Florida provides comprehensive statewide substance abuse prevention education, focusing on providing students and adults with strategies and activities for wellness.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Education

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
750,000		750,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	187,500	20.0%
TOTAL	187,500	20.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 937,500

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

300,000

11. Program Performance:

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

Informed Families of Florida is the only statewide organization with a mission to provide universal prevention services across Florida. Informed Families tracks participants through the 4 Steps in the Prevention Process: Universal, Outreach, Participation, and Engagement. Tracking information related to each contact, information disseminated, and evaluation of all program interactions are obtained. Local community volunteers participate in the evaluation process with individual children and their families, schools, and community settings. Both quantitative and qualitative data is collected. Monthly and Quarterly performance and financial reports are provided to the Department. Informed Families also provides a Quarterly "Return on Investment" Report to the Executive Office of the Governor regarding dollars spent, performance measures, and accountability. FSU and University of Miami provide program evaluations.

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

Funding is utilized to implement four evidence-based quarterly drug prevention campaigns throughout the year to families, schools, and communities. Local Ambassadors in all 67 counties provide direct services within communities.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and	CEO	7,822



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Personnel	61,402
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Indirect Costs	25,844
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Program Design and Implementation	354,714
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel, Printing, Program Supplies, Interactive Outreach System	128,358
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Outreach & Cordination	171,860
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

d. What are the direct services to be provided to citizens by the appropriations project?

Direct Substance abuse prevention services are to be provided through four Universal Prevention Campaigns implemented in schools, community organiozations, and the community-at-large in every county in Florida.

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

The target population are all children and their families throughout Florida. Currently 4.6 million are served statewide.

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

Reduced substance abuse, measured by data collection, evaluations, and quarterly Return on Investment reports.

g. 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 in the contract?

Consistent with our current contract with DCF, failure to meet contracted goals could result in a loss of up to 1% in funding.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. Name: Peggy Sapp
- b. Organization: Informed Families of Florida
- c. Email: psapp@informedfamilies.org
- d. Phone Number: (305)856-4886

14. Recipient Contact Information:

- a. Organization: Informed Families of Florida
- b. County: Statewide
- c. Organization Type:
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. Contact Name: Peggy Sapp
- e. E-mail Address: psapp@informedfamilies.org
- f. Phone Number: (305)856-4886

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Beth Labasky
- b. Firm: Beth Labasky & Associates, LLC
- c. Email: bethlabasky@aol.com
- d. Phone Number: (850)322-7335