



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1255

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

4. **Project/Program Description**

Project: Children & Elderly Foster Care Agency. MeMom Safe Place Foster and Family Center is a 501(c)(3) nonprofit organization committed to keeping sibling groups together, while caring for the elderly by allowing them to age in the comfort of their home. Our mission is to provide support for children who have been removed from homes where abuse, neglect, abandonment, and drug use may be prevalent, and our extended foster care, especially teen-moms and dads. We are committed to work while creating an environment of support, care and safety for siblings in the foster care system and our elderly. We ensure children's needs are met holistically, physically and educationally, by helping to preserve families.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="390,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	390,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="390000"/>	<input style="width: 80%;" type="text" value="99.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="2,500"/>	<input style="width: 80%;" type="text" value="1"/> %
Total Project Costs for Fiscal Year 2020-2021	392,500	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Out source agencies to help with tracking and wrap around services.	75,000
Operational Costs: Other		
Salary and Benefits	Placement Specialist, Recruitment Specialist, Educators, Teachers, RN's, LPN's.	85,000
Expense/Equipment/Travel/Supplies/Other	Seminars, Conventions, Travel Expenses, Transport Vans, Classroom Educators, Home Economics, Parenting & Co-Parenting Classes, Construction Classes.	95,000
Consultants/Contracted Services/Study	Consultant and Contracted wrap around services, such as, but not limited to, Behavior health services, Therapeutic services, especially towards our Human trafficking population, Wellness center, Nutritionist & Dietitian for healthy eating and living.	135,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		390,000



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11. Program Performance

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

Fostering- Recruitment of Quality Safe Foster Homes, Respite Care, 24 Hour Emergency Holding - keeping siblings together, Safe home for LGBTQ community, Therapeutic and Behavior Health services, Reward and Graduation Banquets.

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

ED Classes, Construction Classes, Home Economics, Parenting & Co-Parenting Classes, filling out application properly Job or College placement.

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

Hands On Experiences, On the Job Training, One to On personal services, Personalized Care For Seniors, and Incidental Transportation.

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

75 At-Risk Youth, 25 Homeless Students, 100 Jobless Students that aged out of the system, Preschool, Grade School, High School College Students that in the foster care system and also the ones that have aged out.

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

Fostering -Matching each Child/Children in Care, with the right cultural environment the 1st time, by keeping small and large sibling group together. By tacking our children and teaching them Importance of survival skills especially our parental and co-parenting classes and follow them to ensure they don't return back to the system, or their children and finally Graduation and Job Placement.

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 in the contract?

They will forfeit their agreement to payment.



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12. **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.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.