



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1681

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Help Me Grow Florida® is a comprehensive and integrated system designed to promote the healthy development and well-being of all Florida's children, identify developmental and/or behavioral concerns, link families to community-based services and supports, and build collective impact amongst local communities. The services that children are able to access through Help Me Grow Florida's early detection and intervention not only improves the chances of a child developing to their full potential, but accrues economic gains for the State of Florida.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	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 2021-2022</b>	<b>500,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	1,808,957	0	84	No

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.

Child Care and Development Block Grant could be used for recurring or nonrecurring appropriations.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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

\$740,000 in PPP loan funds for agency salaries, fringe benefits and operational expenses.

#### 11. 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Administrative costs for subcontracted HMG Affiliates	23,805
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Help Me Grow Florida Affiliate funding \$453,100 STAR Data Collection System for new affiliates \$23,095	476,195
<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>500,000</b>

#### 12. Program Performance

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

The goal of Help Me Grow is to promote healthy development and well-being for every child in our state through promotion of routine developmental screenings, surveillance education for caregivers, physicians and communities, and ensuring family navigation/linkage to needed services.

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

Families and child healthcare, early care and education, and human service providers can use Help Me Grow to identify early signs of developmental or behavioral concerns and receive assistance with navigation of the available community resources to address the child and families' needs.

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

Establishment of a centralized telephone access point that links families of young children with sources of support and services to address concerns about their child's health, development, behavior and learning. Providing developmental screenings and comprehensive care coordination with follow-up services to caregivers and child healthcare providers. Conducting child healthcare and early education provider outreach trainings to educate and raise awareness about child development and the importance of early detection and intervention. Conducting community outreach to promote the use of Help Me Grow and to provide networking opportunities for the community. Data collection to understand all aspects of the Help Me Grow system, including the identification of gaps and barriers in order to provide more effective services.

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

Families with children birth to age eight years old. Help Me Grow provides services to over 4000+ children and families annually. Help Me Grow is looking to expand access to services by serving all counties in Florida, so that all families in our State can receive care coordination and developmental services.

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



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Providing access to developmental and behavioral screenings for early identification of early childhood and infant mental health concerns that may result in an immediate referral for services, thus reducing the need for costly intervention later on. This will be measured by keeping track of the percent of successful connections to services, percent of parents/caregivers reporting their child's development, behavior and/or mental health has improved, percent of parents/caregivers reporting that they have access to people they can talk to for advice and emotional support and percent of healthcare providers referring to Help Me Grow.

**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?**

Payments shall be delayed for any deliverables that are not satisfactorily completed until all deficiencies are corrected and accepted by the Office of Early Learning. A corrective action plan will be imposed requiring the contractor to address all performance deficiencies. Failure to comply will result in a breach of contract. Financial consequences are also imposed including withholding of payment, a request to redo the work or reduced payment.

**13. 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



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number