



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1721

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Expand and increase residential and non-residential capacity for a prevention centric program that is designed to keep families together to avoid entrance into the foster care system and therefore avoid the trauma of family separation and negative economic impacts to the state. The prevention program, to include community education, utilizes a protective factors approach and trauma informed practices promotes healthy family functioning and economic self sufficiency.

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	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	34%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	482,904	66%
Total Project Costs for Fiscal Year 2021-2022	732,904	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	250,000	319A	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.

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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\$1,919,162 for Paycheck Protection Program (PPP), for payroll expenses.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary and benefits for 1 Executive Director.	44,530
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Office equipment, supplies and travel.	6,441
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salaries and benefits for direct care staff.	86,932
Expense/Equipment/Travel/Supplies/Other	Direct care services for single moms and their children. Services include secure housing, 12-month curriculum for residential clients and 11-week curriculum for nonresidential program, life skills training, job skills training, parenting classes, educational classes, and nutritious meal preparation.	112,097
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

12. Program Performance

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

Expand and increase residential and non-residential capacity for a prevention centric program that is designed to keep families together to avoid entrance into the foster care system and therefore avoid the trauma of family separation and negative economic impacts to the state. The prevention program, to include community education, utilizes a protective factors approach and trauma informed practices promotes healthy family functioning and economic self sufficiency.

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

Support, counseling, education, case management, vocational skills/educational, residential care.

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

Provide direct care services for single moms and their children. Services include secure housing, 12 month curriculum for residential clients and 11 week curriculum for non-residential program, life skills training, job skills training, parenting classes, educational classes, and nutritious meal preparation.

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

Persons with poor mental health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, preschool students, grade school students, high school students, University/ college students, currently or formerly incarcerated persons, victims of crime and struggling single mothers with children. Serves 201-400 individuals.

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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(1) Improve physical health and well being - Plan of Service goals, Quality of Life Inventory. (2) Improve mental health - Protective Factors Survey, Plan of Service goals, Incident Reports. (3) Improve quality of education - Life Skills Training, Vocational Counseling, Quality of Life Inventory. (4) Improve transportation conditions - Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program. (5) Increase/improve economic activity - Plan of Service goals, monthly budget meetings, savings account. (6) Create specific immediate job opportunities - Plan of Services goals, monthly meetings with counseling guidance. (7) Reduce recidivism - Individualized Plan of Services goals as established at admission and tracked per incident reporting and data base. (8) Reduce substance abuse - Plan of Service goals, counseling, guidance and supervision via documentation.

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.

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