

LFIR # 1249

1. Projec	ct Title	Casa Valentina F	oster Care to	Inde	oendent L	iving		
2. Senat	e Sponsor	Ileana Garcia						
3. Date o	of Request	10/25/2021						
4. Projec	ct/Program D	escription						
suppo	ort. We provide	will provide support	ousing, & inter	nsive	wrap-arc	ound services	s. We want to exter	ne gaps in external nd the life-skills based out of foster care and/or
5. State	Agency to re	ceive requested fu	nds Dep	artme	ent of Chi	ldren and Fa	amilies	
State A	Agency conta	acted? Yes						
6. Amoui	nt of the Non	recurring Request	for Fiscal Yea	ar 202	22-2023			
Type	of Funding					Amo	unt	
Opera	ations						175,000	
Fixed	Capital Outlay	/					0	
Total	State Funds	Requested					175,000	
7. Total F	Project Cost f	for Fiscal Year 202	2-2023 (includ	ling ı	matching	ı funds avai	lable for this proje	ect)
Type	of Funding				Amou	unt	Percentage	
Total S	State Funds R	tequested (from que	stion #6)			175,000	100%	
Match	ning Funds							
Federa	al					0	0%	
State	(excluding the	amount of this requ	iest)			0	0%	
Local						0	0%	
Other						0	0%	
Total	Project Costs	s for Fiscal Year 20	22-2023			175,000	100%	
8. Has th	nis project pr	eviously received s	state funding?	?	Yes			
	scal Year yyyy-yy)	Amo Recurring	ount Nonrecurrii	na		ecific oriation #	Vetoed	
2021-2		0		5,000		310A	No	
	•			,,,,,,,		5.5.1		
9. Is futu	ure funding li	kely to be requeste	d?		Yes			
a. If y	es, indicate n	onrecurring amou	nt per year.		175,000			
b. Des	scribe the so	urce of funding tha	it can be used	l in li	eu of sta	te funding.		
N/A								
10 Hae	the entity rea	uesting this projec	t received an	v fod	eral assi	istance rela	ted to the COVID-	19 nandemic?
No No	The Charty 160	iacaming tima projet	re received all	y 100	.c. a. a. 3	istanice rela	tod to the OOVID-	ro panacimo:
If yes	s, indicate the	amount of funds r	eceived and v	what	the fund	s were used	d for.	



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11	Details on	how the	roguested	ctata func	مط الأس ما	avnandad
11.	. Details on	now the	reauestea	state fund	as will be	expended

Spending Category	Description	Amount				
Administrative Costs:						
Executive Director/Project Head Salary and Benefits	Overseeing program fidelity; providing supervision to the Program Director; attending internal meetings.	21,000				
Other Salary and Benefits	Salary, FICA, health for one (1) Program Director, and two (2) Program Coordinators. The Program Director will serve as liaison between direct service staff and management, as well as provide supervision to two Program Coordinators. Program Coordinators who will be responsible for delivering life skills workshops.	154,000				
Expense/Equipment/Travel/Supplies/ Other		0				
Consultants/Contracted Services/Study		0				
Operational Costs: Other						
Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/ Other		0				
Consultants/Contracted Services/Study		0				
Fixed Capital Construction/Majo	r Renovation:					
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (m	otal State Funds Requested (must equal total from question #6) 175,000					

12. Program Performance

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

This extension of our life skills programming is not a pilot program. Over the last 4 years, Miami-Dade County has supported our work through the CBO Grant. We are looking to scale our current County wide programming because of the necessity for such services. Due to our success in Miami-Dade, we know that these services would be critical for youth in helping them achieve and maintain self-sufficiency, improve their economic prospects as they obtain and maintain employment, and learn how to manage their finances.

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

The participants will engage in Individual Life Coaching sessions and Life Skills group meetings regularly. All sessions will focus on the five pillars to a successful transition to self-sufficiency. Education, Employment, Money Management, Self-Care and household maintenance activities will be tailored to the participants individual needs.

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

Whether in a classroom, at one of our non-profit partners, or a DCF approved placement facility, Casa Valentina proposes extending life skills services to any youth in the child welfare system of care. They will participate in life skills group meetings and life coaching sessions lasting one to two hours.

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

We will be working with economically disadvantaged youth who are considered at-risk of homelessness, as well as youth in high school. We anticipate serving between 50-100 youth.

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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We anticipate that youth will improve the quality of education; enhance their specific economic self-sufficiency; and improve in other key areas of general life skills in order to support them as they 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?

Money	s will	be d	educted	if c	deliverables	are	not met	
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13.	. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. I	nclude the
	relationship between the owners of the facility and the entity.	

∣ N/A		
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14.	14. Requestor Contact Information								
	a. First Name	Janice		Graham					
	b. Organization	Casa Val	Casa Valentina, Inc.						
	c. E-mail Address	jgraham@	igraham@casavalentina.org						
	d. Phone Number	(305)444-0740 Ext.							
15.	15. Recipient Contact Information								
	a. Organization	Casa Val	entina, Inc.						
	b. Municipality and County Miami-Dade								
	c. Organization Ty	ре							
	□For Profit Entity	or Profit Entity							
	☑Non Profit 501(c	ofit 501(c)(3)							
	□Non Profit 501(c)(4)								
	□Local Entity								
	□University or Co	llege							
	□Other (please sp	pecify)							
	d. First Name	Janice		Last Name	Graham				
	e. E-mail Address	jgraham@casavalentina.org							
	f. Phone Number	(305)444-0740							
16.	16. Lobbyist Contact Information								
	a. Name	Joseph R. Salzverg							
	b. Firm Name	GrayRobinson PA							
	c. E-mail Address	joseph.salzverg@gray-robinson.com							
	d. Phone Number	(850)577-9090							