

LFIR # 2591

1. Project Title	Family Support S	Services of North F	Florida to Youth Wellbe	eing	
2. Senate Sponsor	Audrey Gibson				
3. Date of Request	01/25/2022				
4. Project/Program D	escription				
Expanding a comm These efforts aim to and family engagem	reduce the number	-create and work a of children enterir	along side families that ng foster care by stren	t have lived the child gthening communition	d welfare experience. es through a community
5. State Agency to re	ceive requested fur	nds Departm	nent of Children and Fa	amilies	
State Agency conta	acted? Yes				
6. Amount of the Non	recurring Request	for Fiscal Year 20	022-2023		
Type of Funding			Amo	unt	
Operations				500,000	1
Fixed Capital Outlay				0	
<b>Total State Funds</b>	Requested			500,000	
7. Total Project Cost	or Fiscal Year 2022	2-2023 (including	matching funds ava	ilable for this proje	ect)
Type of Funding			Amount	Percentage	
	equested (from que	stion #6)	500,000	100%	
Matching Funds					
Federal			0	0%	
,	amount of this requ	est)	0	0%	1
Local			0	0%	
Other			0	0%	1
Total Project Costs	s for Fiscal Year 20	22-2023	500,000	100%	
8. Has this project pr	eviously received s	state funding?	No		
Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future funding li	kely to be requeste	d?	Yes		
a. If ves. indicate n	onrecurring amou	nt per vear.	500,000		
-	_	• •	lieu of state funding.		
N/A					
10. Has the entity req	uesting this projec	t received any fe	deral assistance rela	ted to the COVID-	19 pandemic?
No					
If yes, indicate the	amount of funds r	eceived and wha	t the funds were use	d for	
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#### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Executive Director of Community Reinvestment (\$110,000); Community Engagement Director (\$91,000); Hire Community Leader (\$38,200)	239,200
Expense/Equipment/Travel/Supplies/ Other	Concrete support s (\$100,800); Gift Cards for Parent Advisory Council (\$20,000); Coaching for Youth and Parents to lead groups (\$20,000); Snacks/food for (\$10,000); Other (\$60,000)	210,800
Consultants/Contracted Services/Study	Group Community Trainings (\$30,000); Tutoring Services (\$20,000)	50,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	500,000

#### 12. Program Performance

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

Expanding a community led effort to co-create a work along side families that have lived child welfare experience. These efforts aim to reduce the number of children entering foster care by strengthening communities through a community and family-led engagement model.

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

Focus will be on providing the training, guidance, and support with identified community.

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

Facilitating group sessions and training that will address racial stress and trauma, resiliency, strengthen discovery, coping skills, civic engagement, and the importance of connections/self care.

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, preschool students, high school students, currently or formerly incarcerated persons, drug offenders in criminal justice, general (the majority of the funds will benefit no one/specific group.

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

Improve Mental Health: address coping and the importance of self-care; a pre- and post-HOPE scale will be conducted with each youth and parent; enrich cultural experience by addressing racial stress and trauma; a pre- and post- HOPE scale will be conducted with each youth and parent; enhance and incentivize youth engagement in school while simultaneously supporting life skill development; providing tutoring services when needed.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



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### for failing to meet deliverables or performance measures provided for the contract?

Corrective Action Plan (CAP) for noncompliance, nonperformance, or unacceptable performance under the contract agreement. Financial consequences for failure to correct performance measures/contract standards, and if not resolved within a reasonable period, termination of contract.

relationship between the owners of the facility and the entity.

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the

N/A		
IN/A		



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14.	14. Requestor Contact Information								
	a. First Name	Jenn Last Name Petion							
	b. Organization	Family Support Services of North Florida, Inc.							
	c. E-mail Address	Jenn.Petion@fssnf.org							
	d. Phone Number	(904)314	(904)314-4193 Ext.						
15.	15. Recipient Contact Information								
	a. Organization	Family S	upport Services o	of North Florid	da, Inc.				
	b. Municipality and County Duval								
	c. Organization Type								
	□For Profit Entity								
	☑Non Profit 501(c	c)(3)							
	□Non Profit 501(c	1(c)(4)							
	□Local Entity								
	□University or Co	llege							
	□Other (please specify)								
	d. First Name	Jenn		Last Name	Petion				
	e. E-mail Address	Jenn.Peti	on@fssnf.org						
	f. Phone Number	(904)314-4193							
16.	16. Lobbyist Contact Information								
	a. Name		McKeown						
	b. Firm Name	GA McKeown & Associates LLC							
	c. E-mail Address	ramgam95@gmail.com							
	d. Phone Number	(904)303-1611							