

# The Florida Senate Local Funding Initiative Request

LFIR # 2642

Foster Care Wraparound Support Program and Diversion Services Program for At-Risk Young Males	
Program for At-Risk Young Males	

2. Senate Sponsor Aaron Bean

**3. Date of Request** 01/27/2022

#### 4. Project/Program Description

Because of Tampa's child welfare crisis, the program will recruit male volunteers to serve an increased number of foster parents with vital wraparound support services such as meals, diapers, respite care, home projects, and emotional support, resulting in less stress and increased retention rates. It will also decrease anxiety and increase confidence in male youth aging out of foster care by providing consistent, stable male mentorship and opportunities to lean skills and gain employment.

5. State Agency to receive requested funds Departm

Department of Children and Families

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	300,500
Fixed Capital Outlay	0
Total State Funds Requested	300,500

#### 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,500	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	300,500	100%

#### 8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2021-22		300,500	310A	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.

None

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

No

Yes

300,500



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

#### 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	To enhance our offerings to an increased population of beneficiaries, new direct care staff will be hired to implement the project.	50,000
Expense/Equipment/Travel/Supplies/ Other Dther Recruitment of male volunteers through targeted media (10,000), customized wraparound services such as meals, goods, counseling, respite, & home projects (70,000), rent & utilities (16,800), travel/field training (11,860), office (3,500), laptops/curriculum/training/ certification for foster youth (35,400), meals (6,240), scholarship incentives (19,200), insurance (1,500).		174,500
Consultants/Contracted Services/Study Train staff & mentors in trauma-informed care (Finally Home Adoption Services, Mr Oliver), Stipends for mentors, Develop/contextualized content for maximum cultural/client relevance w/ community partners (Camelot Community Care, Eckerd Connects, A door of Hope), Life skills training w/ community partners (Park Eleazar, Tampa Bay Plumbing, Improved, et al.)		76,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	300,500

#### 12. Program Performance

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

Foster parents and relative/non-relative caregivers will report more manageable lives, less stress, and increased retention; at-risk male youth will report greater confidence and less anxiety.

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

Surveys for foster families, caregivers, and aged-out foster male youth will be completed to gauge effectiveness.

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

Staff will recruit, train, and coordinate male volunteers to wrap around foster families with aforementioned support services, as well as, recruit and train mentors to serve as positive, consistent, male role models for aged-out foster youth.

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

Economically disadvantaged persons, at-risk youth, preschool students, grade school students, high school students, university/college students, and others such as foster families, relative & non-relative caregivers, aged-out foster youth. Expected to be served: 201-400.

## 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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Improve mental health, protect the general public from harm, increase or improve economic activity, create specific immediate job opportunities, enhance specific individuals economic self sufficiency and divert from criminal/juvenile justice system.

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?

Unless otherwise stated or without good merit, failure to meet deliverables will result in financial penalties and/or reduction in allocations as described in contract.

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

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	b. Organization					
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	d. Phone Number	(727)247-3525	Ext.			
15.	Recipient Contact	Information				
	a. Organization	Man Up Tampa Bay				
	b. Municipality and	Ind County Pinellas				
	c. Organization Type					
	□For Profit Entity					
	⊠Non Profit 501(c	Non Profit 501(c)(3)				
	□Non Profit 501(c	501(c)(4)				
	□Local Entity	ty				
	□University or Co	ollege				
	□Other (please sp	specify)				
	d. First Name	Jeff	Last Name	Ford		
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	f. Phone Number					
16.	16. Lobbyist Contact Information					
	a. Name					
	b. Firm Name					
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