

1. Project Title

2. Senate Sponsor

Jim Boyd

## The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

Growing OAKS Initiative - Family Navigator Project

**LFIR # 1221** 

3. Date of Request	2/14/2025			
4. Project/Program D	Description			
run, state-funded F Action Treatment (0 resources to keep a the Family Safety A	an Initiative for Circuit 12. The Fami oster Care System by providing 4 F CAT) Teams and the Youth At-Risk a higher percentage of these familie Alliance of Circuit 12 studies as well ildren out of foster care will be at lea	amily Navigators who will (YAR) Teams to connect to together. This Intervention Net estimated savings to	work collaboratively more families in cris on and Prevention I the State of Florida	y with Community sis with the needed Project is supported by a based on past success
_	eceive requested funds Department	artment of Children and Fa	amilies	
State Agency cont				
Type of Funding		Amor	unt	
Operating		Allio	275,000	
Fixed Capital Outla	V		0	
<b>Total State Funds</b>			275,000	
7. Total Project Cost	for Fiscal Year 2025-2026 (includ	ing matching funds avai	lable for this proje	ect)
Type of Funding		Amount	Percentage	
Total State Funds F	Requested (from question #6)	275,000	100%	
Matching Funds				
Federal		0	0%	
,	e amount of this request)	0	0%	
Local Other		0	0% 0%	
	- for Figure Very 2005 2000			
Total Project Cost	s for Fiscal Year 2025-2026	275,000	100%	
	reviously received state funding? most recent instance:	No		
Fiscal Year	Amount	Specific	Vetoed	
(уууу-уу)	Recurring Nonrecurring	Appropriation #		
9. Is future-year fund	ling likely to be requested?	Yes		
a. If yes, indicate	nonrecurring amount per year.	275,000		
b. Describe the so	ource of funding that can be used	in lieu of state funding.		
There is no source	e of funding in lieu of state funding.			



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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

l0. Status of Const		the project?				
Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready"	(i.e permitted)?				
c. What is the e	stimated start da	ate of construction?				
d. What is the e	stimated comple	etion date of constru	ction?			
e. What funding	stream will be ι	used for ongoing ope	erations and m	aintenance o	of the project?	
11. List the owner relationship be	s of the facility t	o receive, directly or ers of the facility and	indirectly, any the entity.	/ fixed capita	al outlay fundi	ng. Include the
11. List the owner relationship be	s of the facility t etween the owne	o receive, directly or ers of the facility and	indirectly, any the entity.	/ fixed capita	al outlay fundii	ng. Include

### 12. 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	Administrative costs	25,000	
Consultants/Contracted Services/Study		0	
Operational Costs			
Salary and Benefits	\$62,500 -4 FTE Family Navigators (one per entity). All benefits will be provided through each entity.	250,000	
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 (must equal total from question #6) 275,000			

### 13. Program Performance

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

Families currently in crisis with little to no connection to resources and support will have guidance to resources in Manatee County and Sarasota County through the Family Navigation Project. This provides support and prevention, provides follow up for those families who complete Community Action Treatment (CAT) Teams or who do not qualify for CAT Teams and provides follow up to Youth At-Risk (YAR) referrals.

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



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One-to-One connection, peer support, resource connector, empowering each family through advocacy and alleviating system barriers, provide skill building, advocacy mentorship, recovery support, problem solving, goal setting and tools to navigate through education.

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

Direct Connections to the various needs of the citizens for example; Individual and Supportive Services, Food Assistance, Mental Health Services, Medical Services, Educational Services, Vocational Services, in addition to Government Servcies they qualify for.

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

Families and child/youth on the waitlist for CAT Teams, who complete services with Community Action Treatment (CAT) Teams of families and child/youth who do not qualify for CAT Team wrap around care. Families and Youth with the Youth At Risk (YAR) Teams. Each Navigator would manage 12-15 families per month.

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

The measured outcome will be to reduce the gap for families in crisis with anticipated prevention and intervention for child/youth entering the child welfare system. The anticipated prevention and intervention will potentionally benefit the state funding by saving, at a minimum, 4 million dollars which can then be realocated to other areas of need. The digital platform Unite us will be utilized to track data and measure outcomes.

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 in the contract?

N	lo penalties in addition to the standard penalties provided for in the contract.
. Is t	this project related to mitigation, response, or recovery from a natural disaster? No
a. If	Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
h N	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
D. IN	value of the flatural disaster (or executive order # for events not under a rederal declaration).
D. N	value of the natural disaster (of Executive Order # for events not under a rederal declaration).
	as the entity applied for or received federal assistance for this project?
. Ha	
. Ha □ `	as the entity applied for or received federal assistance for this project?
5. Ha	as the entity applied for or received federal assistance for this project?  Yes, Applied
5. Ha	As the entity applied for or received federal assistance for this project?  Yes, Applied  Yes, Received
5. Ha	rs the entity applied for or received federal assistance for this project?  Yes, Applied  Yes, Received  No



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16. Has the entity app	lied for or received state	assistance 1	or this projec	t (other than	n this request	)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends t	o apply					
a. If yes, specify th	e program and state ager	ncy (ex. Loca	al Governmen	t Emergenc	y Bridge Loar	ı, Department of
Commerce):						
17. Requester Contact	t Information	-				
a. First Name	Christina	Last Name	Gerken			
b. Organization	Align To Meet A Need Co Corporation	rporation, DE	SA Align Benef	it		
c. E-mail Address	cgerken@alignconsulting	teams.com				
d. Phone Number	(813)520-9368	Ext.				
18. Recipient Contact	Information					
a. Organization	Align To Meet A Need Co Benefit Corporation	rporation, DE	SA Align			
b. Municipality and	d County Manatee					
c. Organization Ty	ре					
☑For Profit Entity						
□Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Christina	Last Name	Gerken			
e. E-mail Address	cgerken@alignconsulting	teams.com				
f. Phone Number	(813)520-9368	Ext.				
19. Lobbyist Contact I	nformation			-		
a. Name	None					
b. Firm Name						



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c. E-mail Address	
d. Phone Number	

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.