



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1072

1. Project Title Growing OAKS Initiative - Connection Coordinator Program

2. Senate Sponsor Jim Boyd

3. Date of Request 10/23/2025

4. Project/Program Description

Growing OAKS is an Initiative for Circuit 12. The Connection Coordinator Program will prevent children from entering the state-run, state-funded Foster Care System by providing 4 Connection Coordinators who will work collaboratively with Community Action Treatment (CAT) Teams and the Youth At-Risk (YAR) Teams to connect more families in crisis with the needed resources to keep a higher percentage of these families together. This Intervention and Prevention Project is supported by the Family Safety Alliance of Circuit 12 studies as well. Net estimated savings to the State of Florida based on past success rates of keeping children out of foster care will be at least \$4 million which can then be reallocated to other areas of need within the system.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	275,000
Fixed Capital Outlay	0
Total State Funds Requested	275,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	275,000	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 2026-2027	275,000	100%

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 275,000

b. Describe the source of funding that can be used in lieu of state funding.

There is no source of funding in lieu of state funding.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List 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.

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 Connection Coordinators (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/Major 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 Connection Coordinator 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 Services 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 Connection Coordinator 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 potentially benefit the state funding by saving, at a minimum, 4 million dollars which can then be reallocated 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?

No penalties in addition to the standard penalties provided for in the contract.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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 infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:



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16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

- a. First Name** **Last Name**
- b. Organization**
- c. E-mail Address**
- d. Phone Number** **Ext.**

18. 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** **Ext.**

19. Lobbyist Contact Information

- a. Name**
- b. Firm Name**
- c. E-mail Address**



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d. Phone Number

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