



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1124

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Community Connections Council (C3) is transforming how 211 Broward connects residents to care by replacing one-time referrals with a coordinated, closed-loop system that ensures residents actually receive help, not just phone numbers. C3 Navigators assess needs, make digital referrals, and confirm outcomes across a secure network of health, housing, workforce, and social-service providers. Requested funding will accelerate C3's growth by enrolling additional partner agencies, increasing Navigator capacity for enhanced follow-up and care coordination, and strengthening the administrative and data infrastructure required to scale and track measurable results.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	150,000	20%
Other	100,000	13%
Total Project Costs for Fiscal Year 2026-2027	750,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	0	300,000	363	Yes

9. Is future-year 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.



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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		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	4.2 FTE, 23% benefits cost. Director of C3 Programming (.35) and Director of Network Expansion (.35) co-lead internal and external efforts. C3 Navigators (3.5): \$52,000/yr respond electronically to requests and provide referrals in closed loop system. Identify and enroll new resources.	315,000
Expense/Equipment/Travel/Supplies/Other	Primary training costs and support to build the C3 Network adding 50 new partners. (\$100,000) Laptops, headsets, software. Attendance at national or regional best practices training. Community Engagement (\$10,000).	110,000
Consultants/Contracted Services/Study	Two expert consultants will be procured to build capacity of First Call for Help staff. The first consultant will teach staff how to replicate the model in new communities. The second consultant will train First call for Help staff on best practices on facilitating provider network interactions to keep providers engaged in the system to ensure maximum community efficiencies.	75,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000



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13. Program Performance

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

211 Broward launched the C3 coordinated care network in Broward County to enable social service and healthcare providers to securely share client information and confirm outcomes. The goal this year is to scale C3's network of providers and operational capacity to serve more Floridians through verified, closed-loop referrals, improving system efficiency, accountability, and ensuring reliable access to critical services.

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

Recruit and onboard 50 new provider partners into the C3 network, increase Navigator staffing to manage higher referral volume, provide hands-on follow-up to confirm services were delivered, and strengthen strategic partnerships and data coordination to support long-term sustainability and measurable outcomes.

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

Residents will receive live, personalized support from C3 Navigators who assess needs, deliver electronic referrals to vetted providers, and follow up to confirm that services were successfully received. This ensures residents are not left to navigate the system alone and provides reliable access to housing, financial assistance, behavioral health, and other critical stabilizing services.

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

The C3 Network will serve anyone in need, but focus populations include seniors, economically disadvantaged persons, at-risk youth, and those struggling with poor physical or mental health. Over the next year, C3 is projected to serve approximately 2,000 residents with current Navigator capacity, and 8,000 with expanded staffing through this funding request.

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

90% of participants seeking healthcare will be connected to a physical health provider or resource that confirms the care was received and had a positive impact. Closed loop system will track and demonstrate percentage achieved. Client/member will indicate improved physical health through follow-up.
85% of participants seeking behavioral health services will be connected to a mental health provider or resource that confirms the care was received and had a positive impact. Closed loop system will track and demonstrate percentage achieved. Client/member will indicate improved well-being through follow-up.

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?

Failure to meet performance measures would result in a loss of funds.

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



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- ☐ 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:

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



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☐ 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

d. Phone Number

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