



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1250

1. Project Title CHS- Embrace Recoupment

2. Senate Sponsor Jason Brodeur

3. Date of Request 11/11/2025

4. Project/Program Description

To reimburse Children's Home Society of Florida for outstanding invoices from its FY 21-22 and FY 22-23 contract with Embrace Families, which served as the lead agency for Seminole, Orange, and Osceola counties. These invoices result from services provided for dependency case management, licensing, and adoption services for children in the child welfare system which were rendered to the state but were not paid by Embrace Families CBC as it ceased operations.

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

State Agency contacted? No

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

Type of Funding	Amount
Operating	1,367,443
Fixed Capital Outlay	0
Total State Funds Requested	1,367,443

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)	1,367,443	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	1,367,443	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? No

a. If yes, indicate nonrecurring amount per year.

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

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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.

N/A

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	Salary costs included: Personnel expenses for incentives paid to CHS employees, Personnel expenses for overtime paid to CHS employees	764,692
Expense/Equipment/Travel/Supplies/Other	Program operation costs included operational expenses for home studies, operational expenses for third party mentoring services for children in care, operational expenses paid to police department for off-duty policy presence, operational expenses paid to third party transportation services, primary operational expenses based on remaining net program deficit as CHS closed out contract in FY 22-23, operational expenses for client assistance.	602,751
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)		1,367,443

13. Program Performance

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



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

The requested funds will reimburse Children's Home Society of Florida for services provided to children and families through the previously held contract for dependency case management, licensing, and adoption.

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

Dependency case management, licensing, and adoption in Seminole, Orange, and Osceola counties during the noted time period.

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

Funds served children & families in the child welfare system in Osceola, Seminole, and Orange counties.

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

The requested funds will reimburse Children's Home Society of Florida for services provided to children and families through the previously held contract for dependency case management, licensing, and adoption. CHSFL has provided both the court and DCF documentation of unpaid invoices.

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?

This is payment for services already rendered to state but not paid by Embrace Families CBC. All available penalties for noncompliance are available to DCF.

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#:



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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

☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name



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b. Firm Name	SBM Partners, Inc.
c. E-mail Address	tcarmichael@SBMPartners.com
d. Phone Number	(850)224-5081

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