

The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

LFIR # 1780

| 1. | . Project Title | Help Me Grow Florida | | |
|----|--|--|--|---------------------------------|
| 2. | . Senate Sponsor | Ana Maria Rodriguez | | |
| 3. | . Date of Request | 12/5/2025 | | |
| 4. | . Project/Program Des | scription | | |
| | ensure communities in support their children's | dentify vulnerable children s healthy development thr ne centralized access poir | designed to help the state and communities leverage en link families to community-based services, and emporough the implementation of four core components. The family and community outreach, child health provides | ower families to e four core |
| 5. | . State Agency to rece | eive requested funds | Department of Education | |
| | State Agency contac | ted? Yes | | |

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

| Type of Funding | Amount |
|-----------------------------|-----------|
| Operating | 2,891,043 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 2,891,043 |

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) | 2,891,043 | 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 | 2,891,043 | 100% | |

8. Has this project previously received state funding? If yes, provide the most recent instance:

Yes

| Fiscal Year | Amount | | Specific | Vetoed | |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| 2025-26 | 1,808,957 | 2,691,043 | 80 | No | |

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

a. If yes, indicate nonrecurring amount per year.

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

Child Care and Development Block Grant Trust Funding

Complete questions 10 and 11 for Fixed Capital Outlay Projects



10. Status of Construction

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| | a. What is the cu | rrent phase of t | he project? | | | | |
|----|---------------------|------------------|--|-----------|-----------------|-------------------------|------------|
| | Planning | O Design | Construction | O N/A | | | |
| | b. Is the project ' | "shovel ready" (| (i.e permitted)? | | | | |
| | c. What is the es | timated start da | te of construction? | | | | |
| | d. What is the es | timated comple | tion date of constru | ction? | | | |
| | e. What funding | stream will be u | sed for ongoing ope | rations a | and maintenance | e of the project? | |
| | | | | | | | |
| | | | | | | | |
| 11 | | | o receive, directly or rs of the facility and | | | ital outlay funding. Ir | iclude the |
| | | | | | | | |

12. Details on how the requested state funds will be expended

| Spending Category | Description | Amount | | | | |
|--|---|-----------|--|--|--|--|
| Administrative Costs: | | | | | | |
| Executive Director/Project Head Salary and Benefits | Allocated share of administrative personnel expenses in accordance with agency's approved cost allocation plan. | 774 | | | | |
| Other Salary and Benefits | Allocated share of administrative personnel expenses in accordance with agency's approved cost allocation plan. | 21,671 | | | | |
| Expense/Equipment/Travel/Supplies/ Other | Allocated share of administrative personnel expenses in accordance with agency's approved cost allocation plan. | 3,510 | | | | |
| Consultants/Contracted Services/Study Administrative costs for subcontracted HMG Affiliates | | | | | | |
| Operational Costs | | | | | | |
| Salary and Benefits Expenses for State Coordinating Office Personnel in accordance with the agency's approved cost allocation plan. | | 135,183 | | | | |
| Expense/Equipment/Travel/Supplies/ Other | Includes public awareness materials/campaign, STAR referral and tracking system database for all affiliates, and Ages and Stages Enterprise account for all affiliates. | 155,649 | | | | |
| Consultants/Contracted Services/Study Help Me Grow Florida Affiliate funding | | 2,423,613 | | | | |
| Fixed Capital Construction/Major Renovation: | | | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | | | |
| Total State Funds Requested (must equal total from question #6) 2,891,043 | | | | | | |

13. Program Performance

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

Help Me Grow® Florida (HMGF) connects children and families to the services they need and provides support for families to navigate a complex system of resources. With increased funding, this will allow more children and families to access these resources. Currently, 92% of children and families are successfully connected to at least one health, social, or educational service. 89% of children are served by HMGF before entering kindergarten increasing opportunities for early intervention.

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



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HMGF care coordinators answer questions that parents and caregivers have about their child's development (ages birth-8) and provide follow up to ensure children receive necessary services. Care coordinators average 5 direct follow-ups per family. Care coordinators provide ongoing communication with physicians working with children and families who access HMGF and maintain partnerships with 22 physician champions advocating for HMGF services throughout the state. Developmental and behavioral screenings are offered to all children and families within HMGF service areas, which currently 38 counties. Last year, 7,985 screenings were completed. With the requested funding, we expect to complete 24,000 screenings for children.

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

Maintaining a centralized access point that links families of young children with sources of support and services to address concerns about their child's health, development, behavior and learning. Providing developmental screenings and comprehensive care coordination with follow-up services to caregivers and child healthcare providers. Conducting child healthcare and early education provider outreach trainings to educate and raise awareness about child development and the importance of early detection and intervention. Conducting community outreach to promote the use of HMGF and to provide networking opportunities for the community. Data collection to understand all aspects of the HMGF system, including the identification of gaps and barriers.

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

Maintaining a centralized access point that links families of young children with sources of support and services to address concerns about their child's health, development, behavior and learning. Providing developmental screenings and comprehensive care coordination with follow-up services to caregivers and child healthcare providers. Conducting child healthcare and early education provider outreach trainings to educate and raise awareness about child development and the importance of early detection and intervention. Conducting community outreach to promote the use of HMGF and to provide networking opportunities for the community. Data collection to understand all aspects of the HMGF system, including the identification of gaps and barriers.

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

Providing access to developmental and behavioral screenings for early identification of early childhood and infant mental health concerns that may result in an immediate referral for services, thus reducing the need for costly intervention later on. This will be measured by keeping track of the percent of successful connections to services, percent of parents/caregivers reporting their child's development, behavior and/or mental health has improved, percent of parents/caregivers reporting that they have access to people they can talk to for advice and emotional support and percent of healthcare providers referring to HMGF.

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?

Payments shall be delayed for any deliverables that are not satisfactorily completed until all deficiencies are corrected and accepted by the Division of Early Learning. A corrective action plan will be imposed requiring the contractor to address all performance deficiencies. Failure to comply will result in a breach of contract. Financial consequences are also imposed including withholding of payment, a request to redo the work or reduced payment.

| 4. Is ti | l. Is this project related to mitigation, response, or recovery from a natural disaster? No | | | | | | |
|--|--|--|--|--|--|--|--|
| a. If | 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) | | | | | | |
| b. Name of the natural disaster (or Executive Order # for events not under a federal declaration): | | | | | | | |
| | | | | | | | |



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| ☐ Yes, Applied | | | | |
|----------------------------------|------------|------------------|--|------------------------|
| ☐ Yes, Received | | | | |
| □ No | | | | |
| ☐ No, but intends t | o apply | | | |
| a. If yes, provide th | e FEMA p | roject workshe | eet ID#: | |
| , , , | <u> </u> | | | |
| b. Provide the total | project c | ost listed on th | ne FEMA project worksheet: | |
| 16. Has the entity app | lied for o | received state | e assistance for this project (other than this | request)? |
| ☐ Yes, Applied | | | | |
| ☐ Yes, Received | | | | |
| □ No | | | | |
| □ No, but intends t | o apply | | | |
| | | | | |
| a. If yes, specify th Commerce): | e progran | i and state age | ency (ex. Local Government Emergency Brid | ge Loan, Department of |
| | | | | |
| | | | | |
| 17. Requester Contac | | ion | | |
| a. First Name | Erin | | Last Name Smeltzer | |
| b. Organization | Children' | s Forum | | |
| c. E-mail Address | esmeltze | r@thechildrensf | forum.com | |
| d. Phone Number | (850)487 | -6300 | Ext. | |
| | | | | |
| 18. Recipient Contact | | | | |
| a. Organization | Children' | | | |
| b. Municipality and | d County | Statewide | | |
| c. Organization Ty | pe | | | |
| □For Profit Entity | | | | |
| ☑Non Profit 501(d | c)(3) | | | |
| □Non Profit 501(d | (4) | | | |
| □Local Entity | | | | |



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| □University or Co | □University or College | | | | | |
|------------------------|---------------------------------------|---------------------------------|--|--|--|--|
| ☐Other (please sp | □Other (please specify) | | | | | |
| d. First Name | d. First Name Erin Last Name Smeltzer | | | | | |
| e. E-mail Address | esmeltzer@thechildrensfo | esmeltzer@thechildrensforum.com | | | | |
| f. Phone Number | (850)487-6300 | | | | | |
| 19. Lobbyist Contact I | nformation | | | | | |
| a. Name | . Name Claudia Davant | | | | | |
| b. Firm Name | Adams St. Advocates | | | | | |
| c. E-mail Address | claudia@adamsstadvocates.com | | | | | |
| d. Phone Number | Number (850)567-0979 | | | | | |

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