

**LFIR # 1782** 

١.	Project Title	Parenting Educa		d and Family Mental He	and and	
2.	Senate Sponsor	Joe Gruters				
3.	Date of Request	12/8/2025				
4.	Project/Program D	escription				
	adolescents, and fa programs. Services locations reaching t	milies in Sarasota, N support families and he most at-risk famil	Manatee and DeS d children through lies and helping fa	rices that Forty Carrots Soto counties through mout the community and amilies break cycles of dressing/preventing trau	ental health and pa I are offered in-hou child abuse and ne	arenting education se and partner
5.	State Agency to re	ceive requested fu	nds Depart	ment of Children and F	amilies	
;	State Agency cont	acted? No				
6. /	Amount of the Non	recurring Request	for Fiscal Year 2	2026-2027		
	Type of Funding			Amo	ount	
	Operating				500,000	
	Fixed Capital Outlag	у			0	
	Total State Funds	Requested			500,000	
Г	•	for Fiscal Year 2020	6-2027 (including	g matching funds ava		ect)
Г	Type of Funding			Amount	Percentage	]
	Type of Funding Total State Funds F	for Fiscal Year 2020 Requested (from que				]
-	Type of Funding Total State Funds F Matching Funds			Amount 500,000	Percentage 33%	
	Type of Funding Total State Funds F Matching Funds Federal	Requested (from que	estion #6)	Amount 500,000	Percentage 33%	
-	Type of Funding Total State Funds F Matching Funds Federal State (excluding the		estion #6)	Amount 500,000	Percentage  33%  0% 0%	
-	Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local	Requested (from que	estion #6)	Amount 500,000 0 0	Percentage  33%  0%  0%  0%	
-	Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other	Requested (from que	estion #6)	Amount 500,000 0 0 1,000,000	Percentage  33%  0%  0%  0%  67%	
8.	Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost Has this project pr If yes, provide the	Requested (from que amount of this requested for Fiscal Year 20 reviously received something most recent instance.	estion #6)  uest)  026-2027  state funding?	Amount 500,000  0 0 1,000,000 1,500,000 Yes	Percentage  33%  0%  0%  0%  67%  100%	
8.	Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost Has this project pr If yes, provide the	Requested (from que e amount of this requ s for Fiscal Year 20 reviously received s most recent instan	pestion #6)  uest)  026-2027  state funding? nce:	Amount 500,000  0 0 1,000,000 1,500,000  Yes	Percentage  33%  0%  0%  0%  67%	
8.	Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost: Has this project pr If yes, provide the Fiscal Year (уууу-уу)	Requested (from que e amount of this requested securing the securing securi	estion #6)  uest)  226-2027  state funding? nce:  ount  Nonrecurring	Amount 500,000  0 0 1,000,000 1,500,000  Yes  Specific Appropriation #	Percentage  33%  0%  0%  67%  100%	
8.	Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost Has this project pr If yes, provide the	Requested (from que e amount of this requ s for Fiscal Year 20 reviously received s most recent instan	pestion #6)  uest)  026-2027  state funding? nce:	Amount 500,000  0 0 1,000,000 1,500,000  Yes  Specific Appropriation #	Percentage  33%  0%  0%  0%  67%  100%	
8.	Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost Has this project pr If yes, provide the Fiscal Year (yyyy-yy) 2025-26 Is future-year fund	Requested (from que e amount of this requested securing Recurring Oling likely to be requested securing	estion #6)  Destion #6)  Destio	Amount 500,000  0 0 1,000,000 1,500,000 Yes  Specific Appropriation # 00 363	Percentage  33%  0%  0%  67%  100%	
8.	Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost Has this project pr If yes, provide the Fiscal Year (yyyy-yy) 2025-26 Is future-year fund	Requested (from que e amount of this requested securing  Requested (from que e amount of this requested securing  Recurring	estion #6)  Destion #6)  Destio	Amount 500,000  0 0 1,000,000 1,500,000  Yes  Specific Appropriation # 00 363	Percentage  33%  0%  0%  67%  100%	
8.	Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost: Has this project pr If yes, provide the Fiscal Year (yyyy-yy) 2025-26 Is future-year fund a. If yes, indicate r	e amount of this requested (from quested (from quested (from quested et amount of this requested et amount of this	estion #6)  Destion #6)  Destio	Amount 500,000  0 0 1,000,000 1,500,000 Yes  Specific Appropriation # 00 363	Percentage  33%  0%  0%  67%  100%  Vetoed	



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

10.	Status of Const	truction					
а	. What is the cu	urrent phase of t	he project?				
	O Planning	O Design	Construction	O N/A			
b	. Is the project	"shovel ready"	(i.e permitted)?				
C	. What is the es	stimated start da	ate of construction?				
c	l. What is the e	stimated comple	etion date of constru	ction?			
е	. What funding	hat funding stream will be used for ongoing operations and maintenance of the project?					
11.			o receive, directly or ers of the facility and		/ fixed capital (	outlay funding. In	clude 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		0	
Other Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/Other		0	
Consultants/Contracted Services/Study		0	
Operational Costs			
Salary and Benefits	Salaries and benefits for full-time equivalents, to include licensed mental health professionals and parenting educators.	425,000	
Expense/Equipment/Travel/Supplies/ Other	Includes travel, professional training, equipment and supplies for staff to use to provide services to clients at domestic violence shelters, homeless shelters and community partner locations in Sarasota, Manatee and DeSoto counties.	75,000	
Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Major	or Renovation:		
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (must equal total from question #6) 500,000			

#### 13. Program Performance

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



☐ Yes, Received

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

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Continue to expand access to prevention, early intervention, and treatment services for children, adolescents and families through mental health and parenting education programs. Funding will allow for expansion of services in Manatee and DeSoto counties. Services are offered in-house and at partner locations, reaching and helping at-risk families break cycles of child abuse and neglect by developing healthy coping skills, increasing parental knowledge and addressing and preventing trauma.

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

FCFC will provide prevention, intervention and treatment services for families, children and adolescents in need of mental health therapy and parenting education. Services are accessible to all at our center and partner locations throughout Sarasota, Manatee and DeSoto counties, ensuring expansive reach to meet the needs of families and eliminating barriers to vital psychoeducation and treatment.

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

Mental health support and treatment for children, adolescents and adults will be provided as individual or family sessions or as group counseling, in person or via a telehealth platform. Direct services will include play-based and discussion-based parenting education groups in-house and at various locations such as public libraries, long-term recovery facilities, homeless shelters and schools.

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

Forty Carrots serves more than 5,500 clients in Sarasota, Manatee and DeSoto counties per year. The target population includes persons with poor mental health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, preschool students, grade school students, high school students and victims of crime.

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

Progress in mental health is measured by the reduction of symptoms (depression, anxiety, anger) and increases in self-esteem as measured by evidence based assessments. Parenting Education measures success using an Outcomes Measurement model that quantifies clients' growth in 6 Protective Factors that mitigate or eliminate risk of abuse and increase the well-being of children and families. Mental health outcomes are individualized using evidence-based tools, i.e. Beck Youth Inventory, Strengths & Difficulties Questionnaire. Results from clients, parents and teachers. Parenting education outcomes are assessed with self-reporting tool reflective of Protective Factors, the foundation of the Strengthening Families Approach, including how behavior has changed as a result of services.

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 deliverables outlined in this request would result in return of the funds.	
Tanare to most deniverables satisfied in this request would result in retain of the failus.	
14. Is 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 infastru	ucture)
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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□ No	
☐ No, but intends t	
a. If yes, provide th	e FEMA project worksheet ID#:
b Dravida the total	preject cost listed on the FEMA preject workshoot.
b. Provide the total	project cost listed on the FEMA project worksheet:
16. Has the entity app	lied for or received state assistance for this project (other than this request)?
☐ Yes, Applied	
☐ Yes, Received	
□ No	
☐ No, but intends t	o apply
·	e program and state agency (ex. Local Government Emergency Bridge Loan, Department of
Commerce):	program and state agency (ext 200al 00 formion 2 morganity 2 mage 20am, 20partment of
17. Requester Contac	Information
a. First Name	Michelle Last Name Kapreilian
b. Organization	Forty Carrots Family Center
c. E-mail Address	michelle.kapreilian@fortycarrots.com
d. Phone Number	(941)365-7716 Ext.
18. Recipient Contact	Information
a. Organization	Forty Carrots Family Center
b. Municipality and	d County Sarasota
c. Organization Ty	pe
□For Profit Entity	
☑Non Profit 501(d	s)(3)
□Non Profit 501(d	5)(4)
□Local Entity	
□University or Co	llege
□Other (please s	pecify)



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d. First Name	Diane	Last Name	O'Driscoll	
e. E-mail Address	diane.odriscoll@fortycarrots.com			
f. Phone Number	(941)365-7716	Ext.		
19. Lobbyist Contact Information				
a. Name	David A. Shepp			
b. Firm Name	The Southern Group shepp@thesoutherngroup.com			
c. E-mail Address				
d. Phone Number	(850)671-4401			

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