

LFIR # 1859

1. Project Title	Centro Mater Ch Education Initiati		Family Wellness & Me	ental Health	
2. Senate Sponsor	Ileana Garcia				
3. Date of Request	12/1/2025				
4. Project/Program D	escription				
that serves low-inco family planning, chil	ome working families Id development, co-pi ional and interventic	s. The initiative aims parenting, violence	ationally accredited ed to educate parents a prevention, and ment upport, and referrals	and caregivers on vi al health awareness	tal topics such as s. The program will
5. State Agency to re	ceive requested fu	nds Departme	ent of Children and F	amilies	
State Agency conta	acted? No				
6. Amount of the Non	recurring Request	for Fiscal Year 202	26-2027		
Type of Funding			Amo	unt	
Operating				175,000	
Fixed Capital Outlay	У			0	
Total State Funds	Requested			175,000	
7. Total Project Cost	for Fiscal Year 202	6-2027 (including ı	matching funds ava	ilable for this proje	ect)
Total State Funds R	Requested (from que	estion #6)	175,000	88%	
Matching Funds					
Federal			25,000	12%	
State (excluding the amount of this request)			0	0%	
Local			0	0%	
Other			0	0%	
Total Project Cost	s for Fiscal Year 20	26-2027	200,000	100%	
8. Has this project pr If yes, provide the	eviously received a most recent instar	_	No		
Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future-year fund	ing likely to be req	uested?	Yes		
a. If yes, indicate r	nonrecurring amou	nt per year.	100,000		
b. Describe the so	urce of funding tha	at can be used in li	eu of state funding.		
Private grants if av	ailable or Federal F	unds under the Hea	d Start Program if av	ailable.	



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10.	Status of Const	ruction					
	a. What is the cu	urrent phase of t	the project?				
	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?				
	d. What is the es	stimated comple	etion date of constru	ction?			
	e. What funding	stream will be u	used for ongoing ope	erations and	maintenance	of the project?	
11			o receive, directly or ers of the facility and		iny fixed capit	tal outlay fundin	g. Include 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	Project coordinator to implement initiative and coordinate activities.	65,000
Expense/Equipment/Travel/Supplies/ Other	2 laptops, office furniture Travel-mileage books, copy paper, materials for class	12,000
Consultants/Contracted Services/Study	2 Mental Heath specialist to assist with project implementation and interventions-available to families during program hours @ 49,000 each for 12 months.	98,000
Fixed Capital Construction/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (n	nust equal total from question #6)	175,000

13. Program Performance

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

The primary goal is to strengthen the well-being and stability of low-income working families in Miami-Dade County by providing preventive mental health support, education, and intervention services to parents, guardians, and children, fostering stronger family relationships and improved mental wellness outcomes.

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



☐ No, but intends to apply

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b. c. d. e	. Mental health awareness and substance abuse prevention workshops. Co-parenting and positive discipline sessions to strengthen family relationships. On-site clinician support and crisis intervention services. Follow-up and referral to long-term mental health and family services. Youth empowerment and emotional wellness activities.					
	Community outreach and educational events promoting mental wellness. What direct services will be provided to citizens by the appropriation project?					
b. c. d.	 Bilingual individual and family counseling sessions. Crisis intervention and short-term mental health support. Case management and referral to long-term services. Parent coaching and family mediation sessions. Youth mentoring and resilience-building activities. 					
d.	Who is the target population served by this project? How many individuals are expected to be served?					
ar \$3 ho Co	he program serves approximately 1,500 low-income working families in East Little Havana, Miami-Dade County, an ea where a significant percentage of households live below the poverty line. The median household income is about 88,500, and many residents face barriers such as limited English proficiency, high stress, and single-parent busehold challenges. The community also experiences elevated rates of family instability and domestic violence. Sentro Mater provides preventive mental health and family support services to help address these economic, linguistic, and emotional barriers and strengthen overall family well-being.					
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will					
be	be measured?					
fa to cc	he project will improve quality of life, mental health awareness, and family relationships among low-income working milies in East Little Havana. Expected outcomes include reduced stress, stronger coping skills, and increased access mental health resources. Progress will be measured through direct family engagement, referral tracking, insultations with mental health professionals, and follow-up evaluations, consistent with best practices in psychology and family support services.					
f. \	What are the suggested penalties that the contracting agency may consider in addition to its standard penalti					
fo	failing to meet deliverables or performance measures provided for in the contract?					
N	o penalties anticipated					
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 infastructure)					
b. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):					
15. Ha	s the entity applied for or received federal assistance for this project?					
	Yes, Applied					
	Yes, Received					
	No					



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a. If yes, provide th	e FEMA project wo	rksheet ID#:	
b. Provide the total	project cost listed	on the FEMA project worksheet:	
I6. Has the entity app	lied for or received	state assistance for this project (other t	han this request)?
☐ Yes, Applied			
☐ Yes, Received			
□ No			
☐ No, but intends to	o apply		
a. If yes, specify the Commerce):	e program and state	e agency (ex. Local Government Emerge	ncy Bridge Loan, Departmen
7. Requester Contact a. First Name		Last Name Llanes	
	Madelyn		
b. Organization	Centro Mater Child	<u>'</u>	
c. E-mail Address			
d. Phone Number	(305)992-7713	Ext.	
8. Recipient Contact	Information		
a. Organization	Centro Mater Child	Care Services, Inc.	
b. Municipality and	d County Miami-Da	ade	
c. Organization Ty	ре		
□For Profit Entity			
☑Non Profit 501(c	c)(3)		
□Non Profit 501(c	c)(4)		
□Local Entity			
□University or Co	llege		
□Other (please sp	pecify)		
d. First Name	Madelyn	Last Name R. Llanes	
e. E-mail Address	_		

Ext.

f. Phone Number (305)992-7713



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19. Lobbyist Contact Information				
a. Name	None			
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.