



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1581

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Kinship care stabilization funds to help preserve these placements for children entangled in the foster care system and funding for experiential learning for children in foster care to assist with mental health and crime prevention. Together with our local Community Based Care provider, Citrus, Voices For Children Foundation can serve as the safety net for families and youth in instances where there is no other available funding.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	42%
Matching Funds		
Federal	150,000	16%
State (excluding the amount of this request)	0	0%
Local	250,000	26%
Other	150,000	16%
Total Project Costs for Fiscal Year 2024-2025	950,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future 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.**

We are working to diversify our funding to include federal, local, state, and private donors.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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: Other		
Salary and Benefits	Children's Needs Specialists, Foster Care Navigator	70,000
Expense/Equipment/Travel/Supplies/Other	Furniture (cribs, twin beds, dressers), Basic Needs (diapers, wipes, shampoo, soap, pillows, uniforms) Utilities, Rental Assistance, College Tours, Therapeutic Experiences	330,000
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)		400,000

14. Program Performance

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



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Reduce the need for foster homes by stabilizing the kinship care placements as these placements are less traumatic for children entering foster care and help change trajectories for children in foster care to break the cycle. By stabilizing the caregiver we are able to lessen trauma for these children and reduce disruption of placements. Twice a month positive mental health experiences to help support the youth to reduce placement disruptions. Exposure for youth in foster care gives youth opportunities for growth and allows them to experience the community around them including cultural and art exposure.

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

Relatives and non-relatives who agree to take in a child so they do not have to go to foster care will benefit directly from the funding to assist them in bridging the gaps they may have as the child(ren) transition into their home. Children will be able to attend positive experiences to help with normalcy and mental health. These include college tours, socialization opportunities, financial trainings, and more.

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

A children's needs specialist will work with the kinship caregiver who is accepting placement of the child to assess their needs. From there we will fulfill requests for items such as furniture, basic needs, housing assistance and other support that helps stabilize the placement for the child. In addition the children's needs specialist will connect the kinship caregiver to other resources.

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

Youth in foster care and their caregivers. There are 1600 children in foster care. We measure success by ensuring we serve 1000 unique children annually through our children's needs program.

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

Measure will be reduction in utilization rates for foster homes and increase rates of kinship care placements. Positive mental health initiatives will be measured by reduction of involvement with juvenile detention, truancy, and disruption of placement due to negative behaviors as tracked by Voices and the state.

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 the contract?

If we are not able to meet our goals we will return any unspent funding by the end of the fiscal year and not request additional funding for this initiative.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)



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- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number