



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1261

1. Title of Project: Florida Caregiving Youth Pilot Project

2. Senate Sponsor: Lori Berman

3. Date of Submission: 02/04/2019

4. Project/Program Description:

The first US program to work in partnership with schools to identify and support middle and high school children who sacrifice their education, health, well-being and childhood to provide care for family members who are chronically ill, injured, elderly or disabled is in its 12th year of providing direct services in Palm Beach County. Its success, including a graduation rate of 97.7% average over the past four years has been remarkable, especially considering the majority of youth served are minorities from financially insecure households who are otherwise at great risk for high school drop out. The purpose of this pilot is to raise awareness about the challenges of youth caregiving academically and personally and to develop and determine the best model of remote program of emotional support as well as resources for student-caregivers in two other FL counties with <75% high school graduation rates (Okeechobee 71.7% and DeSoto 63.8%).

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 2019-2020

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	250,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	250,000	100.0%

8. Has this project previously received state funding? No

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

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



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a. If yes, indicate non-recurring amount per year. \$250,000

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Allocated President salary and Full time Lead Pilot Project Director	85,000
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Laptop computer, phone, mileage and tolls, supplies, printing, lodging	25,000
Consultants/Contracted Services/Study	Director of Education Services; PR campaign; External Pilot Evaluation; Data entry and analysis	55,000
Operational Costs:		
Salary and Benefits	Allocated Finance and Communications Managers	20,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Development and implementation of webinars, tele-groups; data management	65,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		250,000

11. Program Performance:

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

The initial goal is to determine the most efficacious way to achieve a successful methodology and implementation of caregiving youth support delivery so that ultimately caregiving youth throughout Florida would learn they are not alone and receive the support they need for academic and personal success.

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

Initially meetings will be held in two new counties to determine level of interest and buy in to serve this hidden at risk population. Simultaneously we will work to create a program to determine the student-caregiver's Level of Responsibility to award Community Service hours. We will also create webinars and videos to bring to healthcare, education and community leaders so they begin to build an understanding of the issues faced by youth caregivers and learn ways and means to support them. We will determine available resources of support within the designated pilot county.

c. What are the direct services to be provided to citizens by the appropriations project?

Education of school and other professional staff. Identification of youth caregivers in middle and high schools with Skills Building groups so the youth learn they are not alone and acquire knowledge and skills to help them



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cope, reduce stress and manage their responsibilities. The use of the 800 AACY number which is person answered 24/7 to direct inquiries with AACY team response.

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

Middle and high school students who are primarily in Title I schools. The exact number is uncertain, however more than 100 per county.

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

Caregiving youth will be able to manage stress and have reduced anxiety, depression and isolation. They will learn new skills and know they are not alone in their role. They will learn about and access available resources. Grades, progression to the next grade and high school graduation rates will increase. School staff will learn about this population and have ongoing support to identify and help caregiving youth in their schools.

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 will result in ineligibility to receive funding for fiscal year 20/21.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Connie Siskowski
- b. **Organization:** American Association of Caregiving Youth
- c. **E-mail Address:** connie@aacym.org
- d. **Phone Number:** (561)391-7401

14. Recipient Contact Information:

- a. **Organization:** American Association of Caregiving Youth
- b. **County:** Palm Beach
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Connie Siskowski
- e. **E-mail Address:** connie@aacym.org
- f. **Phone Number:** (561)391-7401



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15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**