



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2676

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Expand access to prevention and early intervention services that Forty Carrots Family Center provides for children, adolescents, and families in west central Florida through mental health and parenting education programs as well as increase preschool education. Services support families and children throughout our community and are offered in-house and partner locations reaching our most at-risk families and helping families break cycles of child abuse and neglect by developing healthy coping skills, increasing parental knowledge, addressing/preventing trauma.

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	33%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,000,000	67%
Total Project Costs for Fiscal Year 2024-2025	1,500,000	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.**

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.

Forty Carrots received \$710,795 in PPP funds over two years (2020 & 2021). These funds were used towards payroll costs.

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)?

No

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	Salaries and benefits for new full-time equivalent positions (FTEs), to include licensed therapists, parenting educators and early childhood educators.	430,000
Expense/Equipment/Travel/Supplies/Other	Includes staff training, travel, equipment and supplies as well as new vehicle for staff to use for travel to provide services to clients at domestic violence shelters, homeless shelters, and community partner locations.	70,000
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)		500,000

14. Program Performance

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



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

FCFC will provide prevention and intervention services for families, children, and adolescents with mental health therapy as well as early education and parenting education services. These will be provided at our center and at different partners in the community, ensuring an expansive reach into meeting 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?

The target population for mental health and treatment will be children and families that are economically disadvantaged, homeless, victims of domestic violence or at-risk individuals. In addition, young children will receive the benefit of preschool education. More than 5,000 residents receive services on annual basis.

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. Students will demonstrate a reduction or maintain normal levels in presenting concerns (including depression, anxiety, or anger). Parents/caregivers will report a better understanding of their child's behavior and growth (which relates to setting developmentally appropriate expectations and limits, shown by research to be a Protective Factor against abuse and neglect).

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?

Failure to meet deliverables outlined in this request would result in the return of funds.

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



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- Non Profit 501(c)(3)
- 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**