



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3554

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

Expand the capacity of Families of Slain Children, Inc. (FOSCI) to break cycles of crime by providing critical emergency assistance and mental health support to survivors of community and interpersonal violence. FOSCI uses a flexible, coordinated, trauma-informed approach that includes assertive outreach to identify and engage underserved victims of crime in most need, clinical case management for all services (including medical, legal, financial, and others), and evidence-based psychotherapy. Continues home visits, prevention and intervention services, victims' rights support groups, and grief counseling.

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	280,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>280,000</b>

**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)	280,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>280,000</b>	<b>100%</b>

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?**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3554

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Part-time Director Salary. Director oversees and reports on the organization's results for board of directors. Prepares accurate and timely analyses that capture and communicate fundraising performance trends. Manages the efforts of site staff to ensure appropriate support of all departments.	34,000
Other Salary and Benefits	Part-time Administrative Director Salary. Administrative Director to handle database management, reception, and office management.	17,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Technical Assistance with data collection, administration, and coordination of care.	30,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Patient Emergency Fund to assist with immediate client financial emergencies such as food and transportation assistance.	20,000
Consultants/Contracted Services/Study	Part-time, contracted Psychologist, Intake Evaluation Psychologist, Psychiatrist, field-based Assertive Outreach Workers, and Social Workers.	179,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>280,000</b>

### 14. Program Performance

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3554

Provide critical emergency assistance and mental health support to break cycles of crime and help survivors of community and interpersonal violence recover from the traumatic effects of victimization. FOSCI is a trusted service provider with a strong record of offering support to victims of crime. This funding allows them to scale up their mental health offerings, including providing clinical care on-site to crime victims ranging from crisis intervention to ongoing support recovering from trauma.

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

Coordination of care, administration of services, and data collection for victims of crime and their families.

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

Use a flexible, coordinated, trauma-informed approach that includes assertive outreach to identify and engage underserved victims of crime in most need; clinical case management for all services (including medical, legal, financial, and others); and evidence-based psychotherapy. Continues home visits, prevention and intervention services, victims' rights support groups, and grief counseling.

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

Persons with poor mental health, persons with poor physical health, jobless persons, victims of crime, and survivors of violence and immediate family members of homicide victims. 101-200 individuals are expected to be served annually.

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

Improved mental health; protecting the general public from harm with an increase in participation with law enforcement; increase in a return to employment; enhancing individual's economic self-sufficiency by providing low- to no-cost services; reduced recidivism; and a decrease in drug and alcohol use. The outcome will be measured by Participant and Partner Surveys developed in consultation with Trauma Recovery Center Technical Assistance.

**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?**

Return of funds to the state.

**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)
- Non Profit 501(c)(4)
- Local Entity



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3554

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**