



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1591

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Casa Valentina addresses the abrupt transition from foster care to independent living, by filling in the gaps in external support. When youth age out of foster care, Casa Valentina provides safe & affordable housing, & intensive wrap-around services. We want to extend the life-skills based programming. Staff will provide support services to 13-23 year olds on the cusp of transitioning out of foster care and/or who are otherwise at-risk.

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 | 225,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 225,000 |

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) | 225,000 | 82% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 50,000 | 18% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 275,000 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2023-24 | 0 | 225,000 | 315 | No |

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.

There is no funding source we can use in lieu of state funding.

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

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



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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.

N/A

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

| Spending Category | Description | Amount |
|--|---|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | Overseeing program fidelity; providing supervision to the Program Director; attending internal meetings. | 23,500 |
| Other Salary and Benefits | Salary, FICA, health for (1) Program Director, and (3) Program Coordinators. The Program Director will serve as liaison between direct service staff and management, as well as provide supervision to 3 Program Coordinators. Program Coordinators will be responsible for delivering life skills workshops to youth across Miami-Dade County. | 201,500 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| 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) | | 225,000 |

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?

Whether in a classroom, at one of our non-profit partners, or a DCF-approved placement facility, Casa Valentina delivers life skills services to any youth in the child welfare system of care. They participate in life skills group meetings and life coaching sessions lasting one to two hours.

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

The participants engage in individual life coaching sessions and life skills group meetings regularly. All sessions focus on the five pillars of success for youth transitioning into independence: 1) Education, 2) Employment, 3) Money Management, 4) Self-Care and 5) Household Maintenance. Activities are tailored to the participants' individual needs with the ultimate goal of making youth more resilient and self-sufficient.

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

We will be working with economically disadvantaged youth who are considered at-risk of homelessness and/or involved in the foster care system, as well as youth in high school. We anticipate serving between 200-250 youth.

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

We anticipate that youth will improve the quality of education; enhance their specific economic self-sufficiency; and improve in other key areas of general life skills in order to support them as they grow. Outcomes are measured through evidence-based methodologies such as the Ansell Casey Life Skills Assessment.

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?

Moneys will be deducted if deliverables are not met according to the agency's guidelines for compliance.

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



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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