



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3396

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

In alignment with Casey DeSantis' Hope Florida Initiative, Family Support Services of North Florida (FSS) will use this funding to holistically provide for the needs of children and families at risk of state intervention so these families remain intact and are able to thrive independently without child welfare involvement. The program will 1) facilitate group sessions/trainings to address racial stress and trauma, resiliency, strengths discovery, coping skills, civic engagement, and the importance of connections/self-care and 2) provide material necessities to families. FSS will target services to prevent abuse or neglect and serve those referred by Hope Florida and those who do not qualify for services under their child welfare programs.

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	700,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>700,000</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)	700,000	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>700,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	350,000	315	Yes

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.

Although we have done research to find out if there are any sources of funding other than state funding, we do not have alternative at this time.

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Center Manager	95,000
Expense/Equipment/Travel/Supplies/Other	Community/Neighborhood outreach projects (\$155,000); Emergency support for families in crisis to stabilize families and prevent child maltreatment/removals (ex. food, housing, diaper bank) (\$250,000); Engagement incentives for families who participate in programs (\$50,000); Community and parent advisory council meetings (\$50,000) *****	505,000
Consultants/Contracted Services/Study	Life skills coaching for youth.	100,000
<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>700,000</b>

### 14. Program Performance

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



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In order to support referrals from the Hope Florida Initiative and others, FSS will use this funding to holistically provide for the needs of children and families at risk of requiring state intervention so these families remain intact and are able to thrive independently without child welfare involvement. Family Support Services will use data ot has compiled to target services to prevent abuse or neglect and serve those who do not qualilfy for services under their child welfare programs.

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

The Center for Hope will 1) facilitate group sessions/trainings to address rac ial stress and trauma, resiliency, strengths discovery, coping skills, civic engagement, and the importance of connections/self-care and 2) Provide material necessities to families. All services provided are connected to factors shown to reduce risk of abuse and/or neglect.

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

Families in danger of requiring child welfare intervention by the state are referred to or reach out to the Center of Hope, which will provide directly for many urgent material needs as well as coaching, training, and suportr in essential life skills and avoidance of negative behaviors in order to facilitate independence and create thriving, intact families.

**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; Economically disadvantaged persons; At-risk youth; Homeless; Physically disabled; Drug users (in health services); Preschool students; Grade school students; Currently or formerly incarcerated persons; Drug offenders; Victims of crime. It is projected that 400 to 800 people will be served.

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

Improved mental healthby engaging community members in training that addresses scoping mechjanisms and the importance of self-care measured by a pre and post HOPE scale that will be conducted with each youth and parent; enrich cultural experience by addressing stress and trauma in community and family training/education sessions measured by a pre and post HOPE scale conducted with each youth and parent; protect the general publick from harm (environmental, criminal, etc by identifying and working with individuals parents to identify negative or dangerous behaviors and methods to effectuate avoidance of those behaviors also with pre HOPEand post HOPEscale; and reduce recidivism by decreasing DCF investigations and child abuse neglect in the identified ciommunity measured by connecting families to the FSSNF family resource center and also referring to the HOPE Florida's Care Navigator and keeping records of thoiser referrals.

**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?**

Corrective Action Plan (CAP) for noncompliance, nonperformance, or unacceptable performance under the contract agreement. Financial consequences for failure to correct performance measures/contract standards, and if not resolved withiin a reasonable period, termination of contract.

**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**



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- For Profit Entity
- 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**