



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3111

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Adoption support services to adoptive families in Hillsborough County to help stabilize adoptive placement and prevent re-entry into the foster care system.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	325,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>325,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	325,000	93%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	25,000	7%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>350,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	250,000	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.

As a DCF managing entity, Children's Network receives all of our funding from the state. Children's Network will also attempt private fundraising to help locate additional private sector funds.

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

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	5 adoption competent therapist providing direct intervention services to families, conducting support groups, providing case management, and developing community services.	301,860
Expense/Equipment/Travel/Supplies/Other	Cost for staff mileage, occupancy, conducting adoptive parent support groups, and direct assistance to adoptive families.	23,140
Consultants/Contracted Services/Study		0
<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>325,000</b>

**14. Program Performance**

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

The requested funding will provide adoption support services to adoptive families in Hillsborough County to help stabilize adoptive placement and prevent re-entry into the foster care system. There are currently more than 4,500 adoptive children in Hillsborough County under the age of 18. During the first 6 years of the program, more than 900 families accessed services and serving more than 1200 children. 209 children have accessed intensive services to preserve their adoptive placement.

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



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The adoption Support Program will provide specialized adoption counseling, community support groups, case management, crisis intervention and respite directly to adoptive parents and children. The program serves approximately 150-175 new families each year. These services are not currently available in the community or funded through other state funding.

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

Direct assistance and support services to adoptive parents and children to prevent the disruption and dissolution of adoptive placement that result in re-entry into the foster care system. Re-entry in to the foster care system creates a tax payer costs as well as further traumatizes a child potentially resulting in life long challenges including homelessness, domestic violence and other challenge

**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, Economically disadvantaged persons, At-risk youth, Developmentally disabled, Physically disabled, Preschool students, Grade school students, High school students

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

Improve physical health: 1) Placements maintained 2) Less hospital days  
 Improve mental health: 90% of adoptive parents will report improved scores on "The Parent Stress Index" which measures their ability to provide care to children with emotional problems.  
 Reduce recidivism: 1) 95% of families participating in services will maintain their adoptive placement with no re-entry into foster care 2) 75% of pre-adoptive placements will not disrupt prior to finalization. Current baseline is 60%

**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 performance measures may lead to corrective action, contract termination and/or 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
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)



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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