

# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2905

b. Describe the so	urce of funding th	at can be used	il ni k	eu of state funding.		
•	onrecurring amou					
). Is future funding li	kely to be request	ted?		No		
			- 5			
Fiscal Year (yyyy-yy)	Am Recurring	ount Nonrecurri	na	Specific Appropriation #	Vetoed	
3. Has this project pr	eviously received	state funding	?	No		
<b>Total Project Cost</b>	s for Fiscal Year 2	023-2024		190,000	100%	
Other				0	0%	
Local	anioani oi uno ieq			0	0%	
State (excluding the	amount of this req	uest)	1	0	0% 0%	
Matching Funds Federal					00/	
Total State Funds R	Requested (from qu	estion #6)		190,000	100%	
Type of Funding		-		Amount	Percentage	
. Total Project Cost	for Fiscal Year 202	23-2024 (includ	ding i	matching funds avai	lable for this proje	ect)
Total State Funds					190,000	
Operations Fixed Capital Outlay					190,000	
Type of Funding				Amo		
. Amount of the Non	recurring Reques	t for Fiscal Yea	ar 20	23-2024 -		
State Agency conta						
5. State Agency to re	•	unds Dep	artmo	ent of Children and Fa	amilies	
may not be the prim	ary caregiver of the c, support, and edu	eir children. The cation through	e prog indivi	ew program which will gram will match father dual and group peer i us reducing the likelih	s with volunteers (I nteractions. The ov	Dadvocates) who will rerall goal is to support
1. Project/Program D	•					
3. Date of Request	03/07/2023					
2. Senate Sponsor	Jonathan Martin	1				



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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 Cons	struction			
	a. What is the c	current phase of	of the project?		
	OPlanning	ODesign	Construction		
	b. Is the projec	t "shovel ready	y" (i.e permitted)?		
	c. What is the e	estimated start	date of construction?		
	d. What is the	estimated comp	pletion date of construction?		
12			y to receive, directly or indirec ners of the facility and the ent	outlay funding. Include the	

#### 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	Salary and benefits for full time staff, portion of salaries and benefits of Director and administrative staff.	150,000		
Expense/Equipment/Travel/Supplies/Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other	Operational expenses including equipment, travel, supplies, etc. Portion of the funding will be utilized for educational materials, educational programming and activities.	40,000		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
<b>Total State Funds Requested (m</b>	Total State Funds Requested (must equal total from question #6) 190,000			

#### 14. Program Performance

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



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The funding will support developing and implementing a new program which will focus on single fathers or fathers who may not be the primary caregiver of their children. The program will match fathers with volunteers (Dadvocates) who will focus on mentorship, support, and education through individual and group peer interactions. The overall goal is to support a father in being an engaged, active, and nurturing parent, thus reducing the likelihood a child will experience adverse effects.

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

The Children's Advocacy Center currently provides an evidence based parenting program. This funding will enhance the program in providing mentorship, educational activities and long term support. Services will be provided to Dads to include educational curriculum, (ie. coparenting, single parenting, financial literacy, etc.) along with activities with their children.

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

Program staff will recruit, screen, and train volunteers. Dads will be matched with a mentor (Dadvocate). Educational programs/curriculum will be implemented and meetings/activities scheduled throughout the year. Dads will participate in activities/classes, peer support; their children will be involved in activities as well.

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

51-100 individuals will be served including economically disadvantaged persons, at risk youth, children K-12,

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

Improvement of mental health, enrich cultural experience, improve quality of education, protecting the general public and enhancing economic efficiency are all expected benefits as described below.

Provide classes and activities to Dads and their children such as yoga, mindfulness, meditation.

Offer classes and events to Dads and their children that allow them to experience other cultures, arts, etc.

Assist Dads in being more engaged with their children's school, communicating with teachers, completing homework, and extracurricular activities.

Breaking the cycle of abuse/preventing abuse by assisting Dads with coping skills, appropriate discipline, etc.

Linking Dads to appropriate resources (employment, etc.) and providing classes on financial literacy.

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 funding to state.		

. Requester Contact	imiormati	ION	_		
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b. Organization	Children's	s Advocacy Cent	er of SW Flo	orida, Inc.	
c. E-mail Address	jboudrea	ux@cac-swfl.org			
d. Phone Number	(239)939	-2808	Ext.		
. Recipient Contact	Informatio	on			
a. Organization	Children's Advocacy Center of SW Florida, Inc.				
b. Municipality and	d County	Lee	·		



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c. Organization Ty	pe								
□For Profit Entity									
☑Non Profit 501(c	☑Non Profit 501(c)(3)								
□Non Profit 501(c	□Non Profit 501(c)(4)								
□Local Entity	□Local Entity								
□University or Co	□University or College								
□Other (please specify)									
		1							
d. First Name	Julie	Last Name	Boudreaux						
e. E-mail Address	jboudreaux@cac-swfl.org								
f. Phone Number	f. Phone Number (239)939-2808								
17. Lobbyist Contact Information									
a. Name	None								
b. Firm Name	None								
c. E-mail Address									
d. Phone Number									