

LFIR # 1870

	Fiscal Year (yyyy-yy) Is future funding li	eviously received state funding? Amount Recurring Nonrecurring kely to be requested? conrecurring amount per year. urce of funding that can be used in	No	Vetoed				
	Total Project Costs Has this project pr Fiscal Year (уууу-уу) Is future funding li	eviously received state funding? Amount Recurring Nonrecurring kely to be requested?	Specific Appropriation #					
8.	Total Project Costs Has this project pr Fiscal Year	eviously received state funding? Amount	No Specific					
8.	Total Project Costs Has this project pr Fiscal Year	eviously received state funding? Amount	No Specific					
8.	Total Project Costs	eviously received state funding?	No					
8.	Total Project Costs	·		100%				
		s for Fiscal Year 2021-2022	175,000	100%				
	Other							
	l =		0	0%				
	Local		0	0%				
		amount of this request)	0	0%				
	Federal		0	0%				
	Matching Funds	Requested (from question #6)	175,000	100%				
	Type of Funding	Description (from superficient (IC)	Amount	Percentage				
7.	Total Project Cost	for Fiscal Year 2021-2022 (includin	g matching funds avail	lable for this proje	ect)			
	Total State Funds	Requested		175,000				
	Fixed Capital Outlay	/		0				
	Operations			175,000				
	Type of Funding		Amou	unt				
6.	State Agency conta Amount of the Non	acted? Yes recurring Request for Fiscal Year 2	2021-2022					
5.	. State Agency to re	ceive requested funds Department	nent of Children and Far	nilies				
	support. We provide foster care system a include youth who a	dresses the abrupt transition from fos e safe and affordable housing, and in and who are at risk of homelessness. are not in our residential program. Sta oster care and/or who are otherwise	tensive wrap-around ser We want to extend the I off will provide support se	vices to youth who life-skills based pro	have aged out of the ogramming that we do to			
4.	. Project/Program D	escription						
3.	. Date of Request	02/17/2021						
	. Senate Sponsor	Ileana Garcia						
2.	i i roject ritie	Foster Care to Independent Living						
	. Project Title	Factor Caro to Indopendent Living						



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

11. 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.	21,000			
Other Salary and Benefits	Salary and benefits (FICA, health insurance) for 1 Program Director, and 2 Program Coordinators. The Program Director will serve as liaison between direct service staff and management, as well as provide supervision to two Program Coordinators. Program Coordinators who will be responsible for delivering life skills workshops.	154,000			
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/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (m	ust equal total from question #6)	175,000			

12. Program Performance

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

This extension of our life skills programming is not a pilot program. Over the last three years, Miami-Dade County has supported our work through the CBO Grant. We are looking to scale our current county-wide programming because of the necessity for such services. Because of our success in Miami-Dade, we know that these services would be critical for youth in helping them to achieve and to maintain self-sufficiency, to improve their economic prospects as they obtain and maintain employment, and learn how to manage their finances.

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

The participants will engage in Individual Life Coaching sessions and Life Skills group meetings regularly. All sessions will focus on the five pillars to a successful transition to self-sufficiency. Education, Employment, Money Management, Self-Care and household maintenance activities will be tailored to the participants individual needs.

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

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

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, as well as youth in high school. We anticipate serving between 400 - 800 youth.

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



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be measured?

We anticipate that youth will improve the quality of education; enhance their specific ecnomic self-sufficiency; and improve in other key areas of general life skills in order to support them as they grow.

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?

The department's standard contract requirements are adequate.

13.	The owners of the facility	y to receive, direc	tly or indirectly	, any fixed capital	outlay funding.	Include the
	relationship between the				, .	



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14.	14. Requestor Contact Information						
	a. First Name	Janice		Last Name	Graham		
	b. Organization	Casa Valentina, Inc.					
	c. E-mail Address	jgraham@casavalentina.org					
	d. Phone Number	(305)444-0740 Ext.					
15.	15. Recipient Contact Information						
	a. Organization	Casa Valentina, Inc.					
	b. Municipality and	I County	Miami-Dade				
	c. Organization Ty	ое					
	□For Profit Entity						
	☑Non Profit 501(c	01(c)(3)					
	□Non Profit 501(c	(c)(4)					
	□Local Entity						
	□University or Co	y or College					
	□Other (please specify)						
	d. First Name	Janice		Last Name	Graham		
	e. E-mail Address	jgraham@casavalentina.org					
	f. Phone Number	(305)444-0740					
16.	16. Lobbyist Contact Information						
	a. Name	Joseph Salzverg					
	b. Firm Name	Gray Robinson					
	c. E-mail Address	joseph.salzverg@gray-robinson.com					
	d. Phone Number	(305)924-9904					