

LFIR # 1477

| 1. Project Title | Family Reconnection Program (FRP) | |
|-------------------|-----------------------------------|--|
| 1. Project little | Family Reconnection Program (FRP) | |

2. Senate Sponsor Shevrin Jones

3. Date of Request 11/03/2021

4. Project/Program Description

A Vision of Redemption, Inc. (AVOR) is a grassroots nonprofit organization serving children and families affected by incarceration. Our Family Reconnection Program (FRP) was created to provide a vehicle where parents who are incarcerated can maintain a relationship with their children. The program facilitates the development of self-confidence, emotional wellness, and economic self-sufficiency for these families by creating a network of resources and a foundation for family reunification. The FRP is built on evidence based practices and includes parenting classes, promoting literacy between parent and child through the Storybook Program, transporting children and families on monthly visits, support groups, and wraparound services.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding | Amount |
|-----------------------------|---------|
| Operations | 880,159 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 880,159 |

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

| Type of Funding | Amount | Percentage | |
|--|---------|------------|--|
| Total State Funds Requested (from question #6) | 880,159 | 100% | |
| Matching Funds | | | |
| Federal | 0 | 0% | |
| State (excluding the amount of this request) | 0 | 0% | |
| Local | 0 | 0% | |
| Other | 0 | 0% | |
| Total Project Costs for Fiscal Year 2022-2023 | 880,159 | 100% | |

8. Has this project previously received state funding? No

| Ν | 0 | |
|---|---|--|
| | | |

| Fiscal Year | Amount | | Specific | Vetoed | |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| | | | | | |
| | | | | | |

9. Is future funding likely to be requested?

No

a. If yes, indicate nonrecurring amount per year.

| b. Describe the source of funding that can be used in lieu of state funding | g. |
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



Yes

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

\$29,000 federal CARES Act funding (2020) used to assist in providing local families struggling with food insecurities with groceries on a weekly basis.

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

| Spending Category | Description | Amount | | |
|---|---|---------|--|--|
| Administrative Costs: | | | | |
| Executive Director/Project Head Salary and Benefits | Full-time Employees: Executive Director and Program Manager. Includes payroll taxes and worker's comp. | 167,855 | | |
| Other Salary and Benefits | (2) Full-time Accountants, (1) Administrative Assistant. | 75,000 | | |
| Expense/Equipment/Travel/Supplies/ Other | | 0 | | |
| Consultants/Contracted Services/Study | | 0 | | |
| Operational Costs: Other | | | | |
| Salary and Benefits | | 0 | | |
| Expense/Equipment/Travel/Supplies/ Other | Inmate parenting, Storybook program, transportation, caregiver support programs, family supports, and operational costs (\$439,754). Purchase (7) transport vans (\$105,000). | 544,754 | | |
| Drivers, instructors, camp counselor, payroll service, and evaluator. | | 92,550 | | |
| Fixed Capital Construction/Major Renovation: | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | |
| Fotal State Funds Requested (must equal total from question #6) 880,159 | | | | |

12. Program Performance

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

Reconnecting families, lower recidivism rates for incarcerated parents, positive relationship building with parent and child, promoting literacy for parent and child, mitigation of further trauma to the child, aiding behavioral and emotional wellness for children, providing caregiver support and resources to better aid family's financial burden.

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

- 1. Parenting classes for inmates to learn how to interact with their children.
- 2. Storybook for parent and child that will serve as icebreakers on first visit and promote literacy.
- 3. Transportation for regular monthly visits to and from prison for children and caregivers.

4. Host support group Provide regular monthly visits to those children and caregivers.

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

The Parenting Inside Out Curriculum helps individuals returning from incarceration to improve relationships with their children, spouses or significant other. Provides storybooks to inmates and their children and promote family literacy on the first and subsequent visits. Assist in transporting children and caregivers to and from prison for regular monthly visits; and host a support group for caregivers so they share their experiences, access other resources to strengthen family cohesion, and learn to heal their families.

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

Inmates parents, children/families of inmates, custodial parents/caregiver. We expect to serve 101-200 people.

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



Reduce recidivism and behavioral infractions, improve literacy and skills for parent and child, and increase family cohesion.

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 of Children and Families standard contract requirements.

13. 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



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14. Requestor Contact Information

| | a. First Name | Robin | | Last Name | Figueroa | |
|-----|----------------------------------|------------------------------|---------------|-----------|----------|--|
| | b. Organization | A Vision of Redemption, Inc. | | | | |
| | c. E-mail Address | info@avisionofredemption.org | | | | |
| | d. Phone Number | (954)635-2131 Ext. | | | | |
| 15. | 5. Recipient Contact Information | | | | | |
| | a. Organization | A Vision of Redemption, Inc. | | | | |
| | b. Municipality and | I County | ounty Broward | | | |
| | c. Organization Ty | pe | | | | |
| | □For Profit Entity | | | | | |
| | ☑Non Profit 501(c | :)(3) | | | | |
| | □Non Profit 501(c | c)(4) | | | | |
| | □Local Entity | | | | | |
| | □University or Co | bllege | | | | |
| | □Other (please sp | pecify) | | | | |
| | d. First Name | Robin | | Last Name | Figueroa | |
| | e. E-mail Address | | | | | |
| | f. Phone Number | | | | | |
| 16. | 16. Lobbyist Contact Information | | | | | |
| | a. Name | | | | | |
| | b. Firm Name | | | | | |
| | c. E-mail Address | Address | | | | |
| | I. Phone Number | | | | | |