



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1827

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

We are seeking funding to support our onsite Wellness, Resilience, and Character Development Program. This Program is the centerpiece of our organization and what distinguishes us as being more than simply a residential community. The Program has many components and allows us to be active participants in the lives of our neighbors, ensuring that all residents are able to flourish and not merely subsist. Onsite programming includes mentoring, athletics, yoga, field trips, and much more. The Program goals are fourfold: We strive to (1) ensure that families bring children to permanency, (2) provide a supportive environment, including wrap-around services, in which residents' needs are met, (3) help residents to heal trauma through therapeutic programming, and (4) create an involved, engaged community which enables families to bond and thrive.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

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)	300,000	46%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	357,136	54%
Total Project Costs for Fiscal Year 2022-2023	657,136	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	1,000,000	2236A	No

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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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No

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Funds will support staff who are onsite working to manage and implement our Program and assisting residents as needed.	161,925
Expense/Equipment/Travel/Supplies/Other	Funds will support direct program expenses (learning center supplies, onsite events such as art therapy and equine therapy, etc.) as well as office supplies and housing-related costs.	138,075
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		300,000

12. Program Performance

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

We will expand our holistic, outcomes-based Program by building in new supports for larger sibling groups, recruiting new program partners, and delivering services to the 70+ additional residents who will move to New Life Village in 2022. By supporting kinship, adoptive, and foster-to-permanency families, we ensure that caregivers are able to bring at-risk youth to permanency. Our intergenerational model and therapeutic programming help to stabilize families and support healing from trauma.

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

New Life Village provides onsite services and activities through a holistic program that supports the development of the "whole person" to find a new sense of balance and support so that they can plant their feet on the ground and begin to thrive in a supportive environment. The goal is to reduce triggers of trauma and develop stability so that all residents can grow and flourish.

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

Programming provided by the onsite Wellness, Resilience, and Character Development Program includes services like resource referrals, learning center tutoring, art therapy, group recreation activities, financial literacy training, yoga, tai-chi, group support meetings, field trips, and more.

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

Our project serves at-risk youth who have experienced trauma. We provide a supportive community in order to help ensure that these youth are brought to permanency within stable families. We also serve senior citizens. We currently serve close to 100 residents; as our expansion completes in summer 2022, this number will grow to about 170.

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?

Our robust annual survey process enables us to measure and evaluate our program outcomes. Some of the specific benchmarks we are looking towards include: 90% of caregivers report that they have adequate support to meet their children's mental health needs; 80% of children's grades improve while living at New Life Village; and 80% of residents report having access to the resources they need to support them in meeting their financial goals.

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?

New Life Village will adhere to standard penalties.

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 Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number