

LFIR # 1618

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| 7. Total Project Cost f   | ·   | ncluding r   | Amount  | Percentage   | ect)   |
| 7. Total Project Cost f   | or Fiscal Year 2023-2024 (ir  | ncluding r   | -   |  | ect)   |
| Fixed Capital Outlay  Total State Funds   |   |  |   | 0<br><b>300,000</b>  |  |
| Operations  |   |  |   | 300,000  |  |
| Type of Funding   | recurring Request for Fisca   | u Year 202   | 23-2024<br>Amoi   | ınt  |  |
| State Agency conta  |   |  |   |  |  |
| 5. State Agency to re-  | ceive requested funds   | Departme   | ent of Children and Fa  | amilies  |  |
| where our students habits, employment After-School Enrich behavioral assessmeducational needs Employment Read   | nce: Out-of-school programming remain engaged. It also include, education, mental health, hother through the personalized ents, one-on-one coaching, goiness: Includes vocational anso employ former foster youth | des life ski<br>busing, civi<br>I tutoring, li<br>goal setting<br>d entrepre | ills discussions and ad<br>c engagement, and fi<br>ife skills and enrichme<br>g, door-to-door transpo<br>neurship classes and | ctivities about healt<br>nancial literacy.<br>ent classes, mental<br>ortation, and meals<br>our Internship Pro | thy relationships, daily I health support, s to meet students' |
| 4. Project/Program D  | •   |  |   |  |  |
| 3. Date of Request  | 02/07/2023  |  |   |  |  |
|   | Alexis Calalayuu  |  |   |  |  |
| 2. Senate Sponsor   | Alexis Calatayud  |  |   |  |  |
| Project Title     Senate Sponsor  | Fostering New Beginnings Youth  |  |   |  |  |



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  | e funds were used for. |
|   |                        |
| Complete questions 11 and 12 for Fixed Ca   | pital Outlay Projects  |
| 1. Status of Construction   |                        |
| a. What is the current phase of the project?  |                        |
| OPlanning Opesign Oconstruction   |                        |
| 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?   | ?                      |
| 2. List the owners of the facility to receive, directly or indirectly relationship between the owners of the facility and the e |                        |

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                           |   | 0       |
| Expense/Equipment/Travel/Supplies/Other             |   | 0       |
| Consultants/Contracted<br>Services/Study            |   | 0       |
| Operational Costs: Other                            |   |         |
| Salary and Benefits                                 | Salaries are for an Impact Director (\$65,000) three Impact Coaches (\$45,000 x 3) to administer our wrap-around services and programming. We need this human capital to implement additional and maintain existing programming and work with foster youth one-on-one for maximum impact. Please note that we only included the portion of wages allocated to programming here.                                 | 200,000 |
| Expense/Equipment/Travel/Supplies/<br>Other         | We provide door-to-door transportation to our Community Center and field trips to ensure all foster youths can access our programming and services regardless of where they live in the county. As a result, our attendance is always at least 85%, and engagement is high. Since the pandemic, transportation costs have 4xed. These monies will allow us to offset costs by purchasing a multi-passenger van. | 45,000  |
| Consultants/Contracted<br>Services/Study            | Community Partner expenses for local, qualified professionals who will lead our vocational, enrichment, and life skills classes and provide educational support services. Plus, Camp Counselors and Camp Directors who are aged-out foster youth and foster parents who have shared life experiences and help our students acclimate and thrive.  | 55,000  |



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| Fixed Capital Construction/Major Renovation:                    |  |   |  |
|---|--|---|--|
| Construction/Renovation/Land/<br>Planning Engineering           |  | 0 |  |
| Total State Funds Requested (must equal total from question #6) |  |   |  |

### 14. Program Performance

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

Per Citrus Family Care Network, 61% of foster youth in Florida are incarcerated by age 19, 38% are homeless, 68% are unemployed, 89% are diagnosed with mental health issues, and 50% have substance abuse issues. Additionally, only 50% and 3% graduate from high school and college, respectively. So, we will expand needed life skills, educational, vocational, and enrichment programming and wrap-around services to over 200 foster youth. And to create transformational change in our community by providing these youths with the tools and resources to overcome past trauma, succeed in school, obtain employment and successfully transition out of foster care.

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

GHH will provide high-impact, hands-on programming and services to underserved foster youth and former foster youth ages 10-25 to help them overcome past trauma, succeed in school, and develop into self-sufficient and productive members of our community, including out-of-school programming and employment and college readiness. In addition to classes, students will work one-on-one with our Impact Coaches and Director to achieve their set behavioral, educational, and financial goals

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

We will reduce the number of foster youth susceptible to unemployment, drug addiction, and incarceration by empowering them through individualized, carefully curated resources and programming. GHH will provide comprehensive life skills, enrichment, and vocational classes led by staff and knowledgeable community partners to our most vulnerable citizens. We will also offer personalized tutoring, mental health support, behavioral assessments, one-on-one coaching, mentoring, job and educational support, and goal-setting. Lastly, we will provide door-to-door transportation to ensure access.

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

Our target population is foster youth ages 10-15, youth transitioning out of foster care ages 16-17, and former foster youth ages 18-25. They are a diverse group whose parents are from low-income to lower-middle-class socioeconomic statuses, and 85% of our students have mental health disorders. More than 200 foster youths will be served.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- (1) Improve Mental Health: We track emotional progress via behavioral charts. We also track behavior patterns in different environments based on feedback from caseworkers, teachers, and foster parents, We also use an online system called YES that tracks overall social-emotional learning and assesses the development of social skills, emotional resilience, and stress management strategies. (2) Improve Education Progress: We rack academic progress via test scores, progress reports, and report cards, as well as working with their teachers and school counselors. We track progress in this area with our foster youths' high school and college graduation rates.

  (3) Divert From Crime: We track improved behavior patterns through assessments and stakeholder feedback.
- 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?

We have performance benchmarks for GHH staff and conduct internal audits of our programs. We can share this information to show our progress, impact, and outcomes. We also welcome an audit if the State feels we failed to meet agreed-upon measures reasonably.

| 1 | 5. | Reau | ester | Contact | Inform | nation |
|---|----|------|-------|---------|--------|--------|
|   |    |      |       |         |        |        |

| a. First Name      | Fritzie  | l ast Name  | Saintoiry, LCSW |
|--------------------|----------|-------------|-----------------|
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|     | b. Organization                  | Genesis Hopeful Haven, INC. |           |                 |  |  |
|-----|----------------------------------|-----------------------------|-----------|-----------------|--|--|
|     | c. E-mail Address                | fritzie@ghhaven.org         |           |                 |  |  |
|     | d. Phone Number                  | (786)571-9604               | Ext.      |                 |  |  |
| 16. | 6. Recipient Contact Information |                             |           |                 |  |  |
|     | a. Organization                  | Genesis Hopeful Haven,      | INC.      |                 |  |  |
|     | b. Municipality and              | d County Miami-Dade         |           |                 |  |  |
|     | c. Organization Ty               | ре                          |           |                 |  |  |
|     | □For Profit Entity               |                             |           |                 |  |  |
|     | ☑Non Profit 501(c                | c)(3)                       |           |                 |  |  |
|     | □Non Profit 501(c                | 2)(4)                       |           |                 |  |  |
|     | □Local Entity                    |                             |           |                 |  |  |
|     | □University or Co                | iversity or College         |           |                 |  |  |
|     | □Other (please sp                | pecify)                     |           |                 |  |  |
|     | d. First Name                    | Fritzie                     | Last Name | Saintoiry, LCSW |  |  |
|     | e. E-mail Address                | fritzie@ghhaven.org         |           |                 |  |  |
|     | f. Phone Number                  | (786)571-9604               |           |                 |  |  |
| 17. | 17. Lobbyist Contact Information |                             |           |                 |  |  |
|     | a. Name                          | None                        |           |                 |  |  |
|     | b. Firm Name                     | None                        |           |                 |  |  |
|     | c. E-mail Address                |                             |           |                 |  |  |
|     | d. Phone Number                  |                             |           |                 |  |  |