



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3164

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Family and youth stabilization funds to help preserve Kinship Care placements for children entangled in the foster care system and for youth ages 18 to 30 who have aged out of foster care. Together with our local Community Based Care provider, Citrus, Voices For Children Foundation can serve as the safety net for families and youth in instances where there is no other available funding. Voices For Children Foundation is seeing an alarming increase in requests from kinship care families and young adults facing eviction, food insecurity, and lack of resources for basic needs. Voices For Children Foundation will endeavor to bridge the funding gap, reduce housing insecurity, and help stabilize placements.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	350,000	88%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	50,000	12%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	400,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

The Local funding from the County we received in 2022-2023 is non-recurring. We do not anticipate this being renewed thus leaving a deficit in funding and an addition to an increase in needs.

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



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Yes

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 Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

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?

12. List 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.

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 Services/Study		0
Operational Costs: Other		
Salary and Benefits	We are requesting a temporary trauma informed trained professional to help us coordinate better connectivity to services, track outcomes and measures, and fulfill the direct financial requests in a timely manner to ensure our youth and families can remained housed when facing homelessness and housing insecurity. This funding would offset costs associated with salary and benefits for this individual.	50,000
Expense/Equipment/Travel/Supplies/Other	We are requesting funding for direct financial assistance to assist aged out youth who are facing homelessness and our kinship care families who are caring for children who would otherwise have to go into a foster home and cause further trauma to the children. These stabilization funds will help preserve placements for children entangled in the foster care system so they don't become homeless.	300,000
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)		350,000



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14. Program Performance

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

Placement stabilization and reduction of housing insecurity.

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

Direct financial assistance for housing and other basic needs to ensure placement stabilization.

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

Voices For Children Foundation will work with our community partners to link our families and youth to direct service providers for long term care coordination in conjunction with the direct funding to ensure success.

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

Kinship Care Families and youth who have aged out of foster care. An estimated 100 to 150 families and youth are expected to be served.

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

Reduction of failed kinship care placements in the first 60 days for children entering foster care and placed with a relative or nonrelative caregiver. Reduction in homelessness of youth ages 18 to 30 who aged out of foster care. Methodology: Track kinship care placement disruptions in the first 60 days, Track housing placements for youth ages 18 to 30 who request funding to ensure their stabilization and that they remain housed. Upon receipt of assistance, families and youth that aged out will be connected to community navigators to sustain stabilization. A follow-up every three months will be conducted to verify employment and housing status.

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 will conduct quarterly reviews to ensure placement and housing stabilization is being achieved through our direct financial services. If we see that there is no significant increase in placement stabilization, we will sunset the project and return the unspent funds.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number