



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1022

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Expand and increase residential and non-residential capacity for a prevention centric program that is designed to keep families together to avoid entrance into the foster care system and therefore avoid the trauma of family separation and negative economic impacts to the state. The prevention program, to include community education, utilizes a protective factors approach and trauma informed practices promotes healthy family functioning and economic self sufficiency.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	475,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>475,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	475,000	37%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	826,149	63%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,301,149</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	475,000	318A	No

9. Is future-year 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.

Philanthropic

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**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?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**11. 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.**

**12. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Salary and benefits for 1 Executive Director	54,530
Other Salary and Benefits	Salary and benefits for 1 Director of Operations	30,000
Expense/Equipment/Travel/Supplies/Other	Office equipment, supplies, and travel	12,490
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Salaries and benefits for frontline staff	130,434
Expense/Equipment/Travel/Supplies/Other	Provide direct care services for single moms and their children. Services include secure housing, evidence-based parenting curriculum, life skills training, job skills training, financial literacy, educational classes, and nutrition as well as community education/outreach services.	247,546
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>475,000</b>

**13. Program Performance**

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

Expand and increase residential/non-residential capacity for a prevention centric program that is designed to keep families together to avoid entrance into the foster care system & therefore avoid the trauma of family separation and negative economic impacts to the state. The prevention program, to include community education, utilizes a protective factors approach, evidence-based parenting curriculum, & trauma informed practices, promotes healthy family functioning & economic self sufficiency.

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



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Provide direct care services for single moms and their children. Services include secure housing for clients participating in the residential program, evidence-based parenting curriculum, life skills training, job skills training, financial literacy, educational classes, and nutrition as well as community education/outreach services.

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

Support, education, case management, vocational skills/educational, evidence-based parenting curriculum, & residential care.

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

Persons with poor mental health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, preschool students, grade school students, high school students, University/college students, and struggling single mothers with children. More than 200 people will be served through both direct care service and community education/outreach services.

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

Improve physical health-Bio-Psycho Assessment, Plan of Service goals, Quality of Life Inventory(QOLI) or comparable assessment tool  
 Improve mental health-QOLI or comparable assessment tool, Protective Factors Survey Plan of Service, Incident Reports.  
 Improve quality of education-Plans of Service, Life Skills Training, Vocational Guidance, QOLI or other comparable assessment tool.  
 Improve transportation conditions-Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program.  
 Increase or improve economic activity-Plan of Service goals, monthly budget meetings, savings account.  
 Create specific immediate job opportunities-Plan of Services goals, monthly meetings with counseling guidance.  
 Reduce recidivism-Individualized Plan of Services goals as established at admission and tracked per incident reporting and data base.  
 Reduce substance abuse- Plan of Service goals, counseling, guidance and supervision via documen

**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 in the contract?**

Repayment of funds

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply



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a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

**17. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**18. 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  Ext.



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#### 19. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*