



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1128

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

MiiWrap Broward will work with at-risk youth, referred by the judicial system, using an evidence-based model (MiiWrap) that is proven to prevent further incarcerations, suspensions, substance abuse, and family stress. MiiWrap collaborates with youth and families to form a team of support that is composed of 50% "natural supports" to increased sustained behavioral change over time. These supports are evidence-based to reduce recidivism rates and decrease criminogenic risk.

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	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

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)	300,000	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 2025-2026	300,000	100%

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		

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.

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	An executive director (1.0 FTE), will supervise this program, as well as providing direct services	40,000
Other Salary and Benefits	An administrative assistant (0.5 FTE) will provide clerical assistance for the program.	20,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Hiring of outside consulting firm. Perform compliance work for—or provide services to—entity as a nonemployee.	30,000
Operational Costs		
Salary and Benefits	Three full-time staff will provide MiiWrap facilitation to youth and their families	135,000
Expense/Equipment/Travel/Supplies/Other	Computers, office furniture, cell phones, office space, utilities, miscellaneous office material. Funds can also be used to cover stipends, or emergency assistance, for families transportation to sessions	45,000
Consultants/Contracted Services/Study	VroonVDB staff will train, certify, and provide ongoing supervision to the program.	30,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		300,000

13. Program Performance

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

MiiWrap Broward will work with at-risk youth, referred by the judicial system, using an evidence-based model (MiiWrap) that is proven to prevent further incarcerations, suspensions, substance abuse, and family stress. For decades, services that have minimal impact continue to be used and recidivism rates have remained high. MiiWrap collaborates with youth and families to form a team of support that is composed of 50% "natural supports" to increased sustained behavioral change over time.



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

Activities include case referrals; case management; orienting the family to MiiWrap; Completing a Strengths Needs Cultural Discovery; Formation of the Family Team; Creating a Vision for a Better Future; Developing a Plan; Team Meetings; and Developing Family Transition Assets. These activities are defined in the MiiWrap Model and are intended to engage family systems.

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

Activities include case referrals; case management; orienting the family to MiiWrap; Completing a Strengths Needs Cultural Discovery; Formation of the Family Team; Creating a Vision for a Better Future; Developing a Plan; Team Meetings; and Developing Family Transition Assets. These activities are defined in the MiiWrap Model and are intended to engage the family system.

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

100- 200 at-risk youth and high school students.

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

Reduction in Baker Act incidences and Marchman Act incidences in the 2024-2025 calendar year; Reduction in truancy rates; increase in graduation rates, increased in-person class attendance rates; Percentage of families meeting their goals using the "Goal Attainment Scale"

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 to the state on a pro-rated basis

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

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

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



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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.**

19. Lobbyist Contact Information

a. Name

b. Firm Name



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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.