

**LFIR # 1249** 

602,550

| 1. Project Title                 | Forever Family®: Child Abuse Pre Awareness and Recruitment                               | evention, Foster Care and Adoption  |
|----------------------------------|--|---|
| 2. Senate Sponso                 | Rosalind Osgood  |   |
| 3. Date of Reque                 | st 2/11/2025   |   |
| 4. Project/Progra                | m Description  |   |
| FOX) united to out of foster car | enhance child safety, preserve families, recently. The vast reach of Forever Family® has | lition of major broadcast television stations (ABC, NBC, CBS, and ecruit foster and adoptive parents, and support youth transitioning led to thousands of children finding loving adoptive homes, the ntors, and critical support for families in need. |
| FY23/24 ROI: Fimpressions.       | Forever Family® leveraged \$5,350,501 in   | earned media, resulting in more than 29 million viewer  |
| Forever Family                   | ® is on track to replicate these results for   | FY24/25.  |
|                                  | ® not only addresses immediate needs buveraging media to foster community involv         | nt also builds a sustainable support system for Florida's children vement and impactful change.   |
| 5. State Agency t                | to receive requested funds Depart  | ment of Children and Families   |
| State Agency of                  | contacted? Yes   |   |
| 6. Amount of the                 | Nonrecurring Request for Fiscal Year 2   | 025-2026  |
| Type of Fundi                    | ng   | Amount  |
| Operating                        |  | 602,550   |
| Fixed Capital C                  | Outlay   | 0   |

| _ |                       |                                       |                                     |                              |
|---|-----------------------|---------------------------------------|-------------------------------------|------------------------------|
| 7 | Total Project Cost to | r Fiscal Voor 2025-2026               | Cincluding matching funds           | available for this project)  |
|   | TOTAL LIGIECT COST TO | i i iscai i <del>c</del> ai zuzs-zuzu | , tiiliciuuliiu illateiliilu lullus | avallable for tills brolecti |

| Type of Funding                                | Amount  | Percentage |  |
|--|---------|------------|--|
| Total State Funds Requested (from question #6) | 602,550 | 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  | 602,550 | 100%       |  |

8. Has this project previously received state funding? If yes, provide the most recent instance:

**Total State Funds Requested** 

| Yes |  |
|-----|--|
|     |  |

| Fiscal Year | Amount    |              | Specific        | Vetoed |  |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу)   | Recurring | Nonrecurring | Appropriation # |        |  |
| 2024-25     | 0         | 585,000      | 318A            | No     |  |

| 9. Is future-year funding likely to be requested? | No |  |
|---|----|--|
| a. If yes, indicate nonrecurring amount per year. |    |  |



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| b. Describe the source of                           | f funding that can be used in lieu of state funding.  |            |
|---|---|------------|
| complete questions                                  | 10 and 11 for Fixed Capital Outlay Projects   |            |
| D. Status of Construction                           |   |            |
| a. What is the current pha                          | ase of the project?   |            |
| O Planning O Des                                    | sign Construction N/A   |            |
| h la tha project "chaval r                          | roody" (i.e. permitted)?  |            |
| b. Is the project "shovel r                         |   |            |
| c. What is the estimated s                          | start date of construction?   |            |
| d. What is the estimated of                         | completion date of construction?  |            |
| e. What funding stream w                            | vill be used for ongoing operations and maintenance of the project?   |            |
| <b>3</b>  |   |            |
|   |   |            |
|   | acility to receive, directly or indirectly, any fixed capital outlay funding. In e owners of the facility and the entity. | nclude the |
| 2. Details on how the reque                         | ested state funds will be expended  |            |
| Spending Category                                   | Description   | Amount     |
| Administrative Costs:                               |   |            |
| Executive Director/Project Heat Salary and Benefits | au  |            |
| Other Salary and Benefits                           |   |            |
| Expanse/Equipment/Travel/Su                         | upplies/  |            |

| Spending Category                                     | Description   | Amount  |
|---|---|---------|
| Administrative Costs:                                 |   |         |
| Executive Director/Project Head Salary and Benefits   |   | 0       |
| Other Salary and Benefits                             |   | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other           |   | 0       |
| Consultants/Contracted<br>Services/Study              |   | 0       |
| Operational Costs                                     |   |         |
| Salary and Benefits                                   |   | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other           | Production expenses related to travel, equipment, video services, on-<br>site experiences   | 30,900  |
| Consultants/Contracted<br>Services/Study              | Executive producers, field producers, production manager, editors, photojournalists, social media content development, media relations, public relations, pre and postproduction, graphics, animation, sound design, writing, web campaign, project coordination, community liaison | 571,650 |
| Fixed Capital Construction/Majo                       | r Renovation:   |         |
| Construction/Renovation/Land/<br>Planning Engineering |   | 0       |
| Total State Funds Requested (m                        | ust equal total from question #6)   | 602,550 |

### 13. Program Performance



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

Forever Family® news segments shine a light on vital prevention services that strengthen families, decrease foster care entries, and dramatically increase the number of foster and adoptive families in Florida, while rallying community support for teens aging out of care. This pioneering initiative secures up to \$10 million in media exposure and 50 million impressions annually through exclusive partnerships with ABC, NBC, CBS, and FOX, hosted by top news anchors.

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

Forever Family® will continue to work with the Department of Children and Families, Community Based Care Lead Agencies, and statewide child welfare agencies to research, write, produce, and air television news stories and promotions that directly support Florida's at-risk children and families. Forever Family® will leverage media airtime to raise awareness and connect viewers who want to help - or who are in need of help - with their local agencies.

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

Forever Family® generates millions of media impressions, focusing on vital support for at-risk children and families, promoting foster and adoptive family recruitment, and assisting youth transitioning out of foster care. News stories are also featured on social media and distributed to child welfare agencies to enhance recruitment efforts and prevention initiatives.

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

Children and teens at risk of entering and within the dependency system, families including persons with poor mental health, persons with poor physical health, jobless persons, developmentally disabled, drug users, young adults, economically disadvantaged persons, victims of crimes. Target populations expected to be served: 800+

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

Strengthening families and providing permanency leads to improved physical health, mental health, educational outcomes, general public safety, enhanced self-sufficiency, reduced recidivism, reduced substance abuse, diversion from criminal justice/juvenile justice system. Strengthening families, permanency = net savings to state and tax payers. Outcomes are measured by number of stories, commercial reach, viewing impressions, market size.

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?

Financial consequences will be imposed. The Provider shall be penalized ten percent (10%) for each performance measure not met; up to a maximum of 20% of the invoice total to be reimbursed. Financial consequences related to failure of the Provider to meet performance measures shall be deducted from the monthly invoice in which the Provider did not meet the performance measure.

|    | uiu     | Thor meet the penormanice measure.   |
|----|---------|--|
| 14 | . Is ti | his 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 infastructure) |
|    | b. Na   | ame of the natural disaster (or Executive Order # for events not under a federal declaration):           |
| 15 | . Has   | s the entity applied for or received federal assistance for this project?                                |
|    | □ Y     | es, Applied  |



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| ☐ Yes, Received  |                                   |               |                            |                 |                  |
|--|-----------------------------------|---------------|----------------------------|-----------------|------------------|
| □ No   |                                   |               |                            |                 |                  |
| □ No, but intends t  | to apply                          |               |                            |                 |                  |
| a. If yes, provide th  | ne FEMA project workshe           | et ID#:       |                            |                 |                  |
|  |                                   |               |                            |                 |                  |
| b. Provide the total   | I project cost listed on th       | e FEMA proj   | ect worksheet:             |                 |                  |
|  |                                   |               |                            |                 |                  |
| 16. Has the entity app   | olied for or received state       | assistance f  | or this project (other the | an this request | t)?              |
| ☐ Yes, Applied   |                                   |               |                            |                 |                  |
| ☐ Yes, Received  |                                   |               |                            |                 |                  |
| □ No   |                                   |               |                            |                 |                  |
| ☐ No, but intends t  | to apply                          |               |                            |                 |                  |
| a. If yes, specify the Commerce):  17. Requester Contact   | e program and state age           | ncy (ex. Loca | al Government Emergen      | cy Bridge Loai  | n, Department of |
| a. First Name  | Gia                               | Last Name     | Tutalo-Mote                |                 |                  |
| b. Organization  | Forever Family®                   |               |                            |                 |                  |
| c. E-mail Address  | gia@foreverfamily.org             |               |                            |                 |                  |
| d. Phone Number  | (954)303-5802                     | Ext.          |                            |                 |                  |
| 18. Recipient Contact a. Organization b. Municipality and c. Organization Ty  □For Profit Entity □Non Profit 501(c | Forever Family d County Statewide |               |                            |                 |                  |
| □Non Profit 501(d  | c)(4)                             |               |                            |                 |                  |
| □Local Entity  |                                   |               |                            |                 |                  |
| □University or Co  | ollege                            |               |                            |                 |                  |



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| □Other (please specify) |                         |           |             |  |
|-------------------------|-------------------------|-----------|-------------|--|
| d. First Name           | Gia                     | Last Name | Tutalo-Mote |  |
| e. E-mail Address       | gia@foreverfamily.org   |           |             |  |
| f. Phone Number         | (954)303-5802           | Ext.      |             |  |
| 9. Lobbyist Contact I   | nformation              |           |             |  |
| a. Name                 | Alain V. Jean           |           |             |  |
| b. Firm Name            | The August Company      |           |             |  |
| c. E-mail Address       | aj@theaugustcompanyllc. | .com      |             |  |
| d. Phone Number         | (954)770-3360           |           |             |  |

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