

LFIR # 1701

1. Project Title Family Support Prevention Programs	
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2. Senate Sponsor Clay Yarborough

3. Date of Request 2/13/2025

# 4. Project/Program Description

One More Child (OMC) operates prevention programming through a combination of residential care for single mothers and community-based services for parents at risk of involvement with the child welfare system. The agency offers a comprehensive approach to increasing protective factors that promote healthy families and increase social and community engagement. OMC Family Support facilitates these services out of multiple campuses and family resource centers strategically located in the greater Jacksonville and Sarasota/Bradenton areas. These centers offer a collaborative approach to care by maximizing the strengths of community providers, building trust in established partnerships, distributing tangible resources to asset limited, income-constrained, employed families, and providing intangible services such as evidenced-based parenting models to strengthen parenting skills and knowledge. The focus of this program is to equip parents with essential tools and keep families together!

### 5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	56%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	390,215	44%	
Total Project Costs for Fiscal Year 2025-2026	890,215	100%	

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

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2024-25		475,000	318A	

# 9. Is future-year funding likely to be requested?

Yes 500,000

Yes

a. If yes, indicate nonrecurring amount per year.

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



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Private philanthropic donations, Medicaid (for applicable reimbursable services), and local foundations/grants.

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

# 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	Partial salary and benefits for 1 Executive Director	55,000
Other Salary and Benefits	Salary and benefits for 1 Director of Warehouse, 1 Supervisor of Single Moms, and 1 Supervisor of Family Support	165,000
Expense/Equipment/Travel/Supplies/ Other	Administrative supplies, office equipment, and travel	35,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Salary and benefits for Family Resource Coordinators, Warehouse Workers (front line staff)	205,000
Expense/Equipment/Travel/Supplies/ Other	Provision and distribution of tangible goods, direct services, and costs of evidence-based training and curricula. Services may include secure housing, evidence-based parenting skills training, life skills training, job skills training, financial literacy, educational classes, nutrition classes, as well as community education/outreach services as identified by need.	40,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	500,000



### 13. Program Performance

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

Expand direct services and concrete support for parenting households with guardianship or custody of one or more children ages 0-17. Expand ability to provide transitional and temporary housing for single-mothers to enhance economic mobility and create financial stability. The prevention programs will include community education, a parent advisory committee, and implementation of a protective factors modality, coupled with trauma-informed practices to mitigate the risk of adverse childhood experiences.

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

Qualified staff will provide direct services for parents and their children. Services may include securing housing for clients participating in the residential program, administering evidence-based curriculum training, life skills training, job skills training, financial literacy supports, referrals to continued education, nutritional support, and other community resources such as mental and behavioral health referrals.

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

As identified by individual need, to include a combination of: family support, education, case management, vocational skills, parenting skills, residential care, food security, financial management, and access to mental/behavioral health services.

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

The target population includes vulnerable adults 18+ who are pregnant or parenting children aged 0-17, and who have custody/guardianship of at least one child, and who are at risk of child welfare involvement. This may includes persons experiencing joblessness, mental health crises, homelessness, substance abuse recovery, domestic abuse recovery, survivors of sex-trafficking, and/or other economically disadvantaged populations.

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

#### be measured?

1.) Increased concrete support as a protective factor. This will be measured through the completion of one or more of the following on a program participant's service plan: a) linkage to an external referral, b) distribution of tangible goods, c) positive change from pre- to post- score of the "Protective Factors Survey". 2.) Increased social support as a protective factor. This will be measured through self-reporting within the discharge plan

and/or by a positive change from pre- to post- score of the "Protective Factors Survey". 3.) Reduced allegations of abuse, maltreatment, neglect. This will be documented via self-reporting and through weekly

check-in meetings listed in client case files in the electronic client database.

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 funding.

#### 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 infastructure)

#### 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?



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- □ 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:

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	Jerry T.	Last Name	Haag, Ph.D., CFP CEO/President
b. Organization	One More Child		
c. E-mail Address	Jerry.Haag@onemorechil	d.org	
d. Phone Number	(863)687-8811	Ext.	

#### **18. Recipient Contact Information**

a. Organization	One More Child		

b. Municipality and County Statewide

#### c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)

□Non Profit 501(c)(4)

□Local Entity



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□University or College				
□Other (please specify)				
d. First Name	Melissa	Last Name	Poole	
e. E-mail Address	Melissa.Poole@onemorechild.org			
f. Phone Number	(863)687-8811	Ext.		
19. Lobbyist Contact Information				
a. Name	Jon E. Johnson			
b. Firm Name	Johnson & Blanton			
c. E-mail Address	cheryl@johnsonblanton.ce	om		
d. Phone Number	(850)224-1900			

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