



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1730

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Targeted case management and therapy for children and family's mental health to help individuals gain access to medical, social, educational and other services. The primary goal is to optimize functioning of people with complex needs by coordinating the provision of quality treatment and support services. Families First of Palm Beach County is dedicated to empowering vulnerable children and their families.

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	65%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	129,000	28%
Other	32,905	7%
Total Project Costs for Fiscal Year 2025-2026	461,905	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.**
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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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	4 FTE's for Therapists @ \$55,000 each = \$220,000; FICA \$220,000 x .0765 = \$16,830; W/C \$220,000 x .009288 = \$2,043; SUTA is \$30 per employee = \$120; Retirement is 3% on gross salaries of \$220,000 x 3% = \$6,600; Health Insurance is \$12,000 per employee x 4 = \$48,000. Total Benefits = \$73,593.	293,593
Expense/Equipment/Travel/Supplies/Other	Cell Phone for four Therapists @ \$45 a month per Therapist = \$2,160; Electronic Health Record for four therapists to document client contacts and therapeutic services @ \$56 per month for each therapist = \$2,688. 3503 miles for therapist to travel to homes and communities at rate of .445 = \$1,559.	6,407
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)		300,000

13. Program Performance

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

Hire 4 additional FTE Therapists who will serve an estimated additional 150-180 children and their families annually. FFPBC currently has a waitlist for children who need services. Referrals come from DCF, DJJ, School System, other non-profits.



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

Specialized therapeutic interventions tailored to each family's needs, and support for healthy attachment relationships and positive parenting practices.

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

Targeted case management and therapy for children and family's mental health to help individuals gain access to medical, social, educational and other services. The primary goal is to optimize functioning of people with complex needs by coordinating the provision of quality treatment and support services. Families First PBC is dedicated to empowering vulnerable children and their families.

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

Children and young people at high risk of mental health issues impacting their daily lives and ability to function within their homes and communities and families.

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

Specialized therapeutic interventions tailored to each family's needs and support healthy attachment relationships and positive parenting practices.

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?

If performance measures are not met, the contract would be terminated, and the services would not be delivered.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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

c. E-mail Address



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d. Phone Number

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