



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1738

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

4. Project/Program Description

The Adoption Support Program in Hillsborough County responds to the vital need for ongoing assistance for adoptive families who have welcomed children from foster care. The adoption journey significantly influences family dynamics and often brings forth challenges that persist long after the legal finalization of adoption. Many children in these families have faced trauma, including neglect, abuse, and exposure to substance abuse, resulting in intricate emotional and behavioral needs. This program is dedicated to providing the necessary support to help families navigate these challenges and foster healthy, thriving environments for their children. The Adoption Support Program provides community-based, trauma-informed services designed specifically for the diverse needs of adoptive families. We connect adoptive families to peer support networks, specialized counseling, and essential community resources, equipping them with the necessary tools to promote healing and stability.

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 | 325,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 325,000 |

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) | 325,000 | 93% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 25,000 | 7% |
| Total Project Costs for Fiscal Year 2025-2026 | 350,000 | 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 | | |
| 2024-25 | 0 | 325,000 | 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.



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The level of services provided by this program is not funded through other state sources despite the tremendous need for these services. Camelot Community Care continuously seeks out private support for additional funding to meet the high demand for services.

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 | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs | | |
| Salary and Benefits | (5) adoption competent therapists providing direct intervention services to families, conducting support groups, providing case management, and developing community services. | 301,860 |
| Expense/Equipment/Travel/Supplies/Other | Staff mileage, occupancy, conducting adoptive parent support groups, and direct assistance to adoptive families. | 23,140 |
| 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) | | 325,000 |

13. Program Performance

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



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The requested funding will provide adoption support services to adoptive families in Hillsborough County to help stabilize adoptive placement and prevent re-entry into the foster care system. There are currently more than 4,500 adoptive children in Hillsborough County under the age of 18. During the first 7 years of the program, more than 950 families accessed services and serving more than 1200 children. 250 children have accessed intensive services to preserve their adoptive placement.

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

The adoption Support Program will provide specialized adoption counseling, community support groups, case management, and crisis intervention directly to adoptive parents and children. The program serves approximately 150-175 new families each year. These services are not currently available in the community or funded through other state funding.

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

Direct assistance and support services to adoptive parents and children to prevent the disruption and dissolution of adoptive placement that result in re-entry into the foster care system. Re-entry into the foster care system creates a taxpayer cost as well as further traumatizes a child potentially resulting in lifelong challenges including homelessness, domestic violence and other challenge

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

Persons with poor mental health, Persons with poor physical health, Economically disadvantaged persons, At-risk youth, Developmentally disabled, Physically disabled, Preschool students, Grade school students, 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?

Improve physical health: 1) Placements maintained 2) Less hospital days Improve mental health: 90% of adoptive parents will report improved scores on "The Parent Stress Index" which measures their ability to provide care to children with emotional problems Reduce recidivism: 1) 95% of families participating in services will maintain their adoptive placement with no re-entry into foster care 2) 55% of pre-adoptive placements will not disrupt prior to finalization. Current baseline is 50%

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?

Failure to meet performance measures may lead to corrective action, contract termination and/or return 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



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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 **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**



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e. E-mail Address

f. Phone Number Ext.

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.