



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1756

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Children’s Healing Institute requests \$750,000 to deliver evidence-based Parent Aide Program services to 100 at-risk families (250+ children) in Palm Beach and Broward Counties. Parent Aide keeps families intact, ensures children’s safety, and equips parents with skills, tools, and resources for a safe, stable home. Services include needs assessments, parenting education, stress reduction, safety planning, and access to essential items and community resources. Families face challenges like financial instability, housing insecurity, domestic violence, and unemployment. The program serves families with children under 18, offering free weekly sessions for 6–18 months. Parent Aide costs \$3,000 per child annually versus \$113,150 for foster care, significantly reducing out-of-home placements while fostering family resilience.

5. State Agency to receive requested funds

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

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)	750,000	91%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	75,000	9%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	825,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	259,257	315	No

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

a. If yes, indicate nonrecurring amount per year.

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

Local grant funding to supplement and fundraising.



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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	.79 of CEO Salary + benefits = \$89,103	89,103
Other Salary and Benefits	.85 COO/Program Outreach Officer Salary + benefits= \$85,948	85,948
Expense/Equipment/Travel/Supplies/Other	Liability Insurance \$12,000,	12,000
Consultants/Contracted Services/Study	Accounting & Audit \$26,500; IT \$7800; Website \$3,000	37,300
Operational Costs		
Salary and Benefits	FTE Program Officer \$68,480 +benefits = \$74,643; .50FTE Program Lead @ \$29,500 + benefits= \$35,695; 2 FTE @ \$54,000 each + benefits=\$130,680 2.5 PT Parent Aides \$78,695 1 FT Office Support \$45,000 + benefits = \$54,450; PT Outreach Coordinator \$65,000	439,163
Expense/Equipment/Travel/Supplies/Other	Travel and mileage for 3 FTE @.445/mile x 525 miles x 3 staff x12 months = \$8,330; Cell phones @ \$25/month x7x12 = \$2,100; Occupancy & Utilities = \$31,866; Office Supplies \$120/month x 12 = \$1,440; Equipment Lease (copier/printer/fax) @ \$700/month x 12 = \$8,400; Database \$18,000; Training \$1,350; Emergency Funds for Families \$10,000; Outreach/Development Operational Support \$5,000	86,486
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)		750,000

13. Program Performance



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

Delivery of intensive in-home child abuse prevention services via evidence-based Parent Aide program for at-risk families in Palm Beach & Broward Counties. Goal: enhance family protective factors, reduce child maltreatment risk, DCF involvement, and child removal, & lessen the state's financial burden (close to 2,000 children were in foster care in PB/Broward in 2023). Parents completing 6+ months will improve their capacity for positive relationships, healthy attachment, and parenting knowledge.

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

Referred families undergo eligibility screening, including an Initial Needs Assessment, and pre/post evaluations (AAPI-2.5 and Protective Factors Survey). A Family Plan with service goals is created. Weekly in-home support for 6+ months includes Nurturing Parenting curriculum. Community collaborations offer additional support. Data is collected for program assessment.

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

We offer free services to at-risk families, aiming to prevent child removal. Program provides weekly in-home support with needs assessments, goalsetting, parenting education, mentoring, and case management for resource connections. Services last 6-18 months based on the Parent Aide model. Goal is to address root issues, enhance family well-being, stability, & reduce the risk of child removal.

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

The project will serve families involved with or identified by DCF in Palm Beach and Broward counties, focusing on high-risk households with at least one child under 18. Target populations include families in reunification, families assessed by DCF whose children remain at home, and those referred by community partners. These groups face critical needs identified by Community-Based Care (CBC), DCF, and the community. Project will serve up to 100 families (+/- 250 children), addressing service gaps for at-risk families, including post-reunification support. Project seeks to prevent children from entering/reentering foster care, saving FL resources and reducing trauma.

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

This project aims to prevent child maltreatment and reduce the need for foster care or DCF intervention among high-risk families in PB/Broward counties by increasing protective factors/decreasing risk factors within the families for abuse and neglect. Methodology used will be pre and post evaluations using the Protective Factors Survey; AAPI; monthly progress notes; Family Plan goals; parent self report; and Program Outcome Survey.

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 we fail to provide in-home parenting services as described in our evidenced based model, we are willing to negotiate return of funds

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?



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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 **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)



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- 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

d. Phone Number

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