

**LFIR # 2027** 

1. Project Titl	le	Stop Now and P	lan - Service M	1embe	ers (SNAP Heroes	)					
2. Senate Spo	onsor	Jennifer Bradley									
3. Date of Red	quest	2/24/2025									
4. Project/Pro	ogram Des	scription									
fewer argur interactions delinquency youth (6-11 meals, siblii provided to trauma. Afte	ments at he s between y and impr years old) ng care, an address c ercare will	ome, immediate de teachers, peers ar ove social compet and their families and case managem challenges families	ecreases in ag nd family memberency and build who are or ha nent services a face in the was completion of	gressioers. Solve he	ion, less bullying, SNAP® has show althy family. SNAF en in the military or vided each group deployment. trans	less antisocian to reduce single Heroes will be less than the less than	al behavion tress and Il provide ement. in ntal healt nbers exp	IAP®) program leads to or and more positive d anxiety, aggression & e 13-week groups to addition to the group, h services will be periencing vicarious milies strategies to			
5. State Agen	cv to rece	eive requested fu	<b>nds</b> Dep	artme	nt of Juvenile Jus	tice					
State Agen	•	•									
_	•		for Final Voc	202	E 2026						
		ecurring Request	TOT FISCAL YEA	ar 202	5-2026			1			
Type of Fu	ınding				Ar	nount					
Operating							405,656				
						Fixed Capital Outlay 0					
Total State Funds Requested 405,656											
Total State	Fullus N	equestea					405,656				
•		r Fiscal Year 202	5-2026 (includ	ling m	natching funds a			•			
7. Total Projec	ct Cost fo	•	5-2026 (includ	ling m		vailable for t	his proj	•			
7. Total Projec	ct Cost fo	r Fiscal Year 202	•	ling m	Amount	vailable for t	his proje	•			
7. Total Project  Type of Fu  Total State	ct Cost fo Inding Funds Re	•	•	ling m		vailable for t	his proj	•			
7. Total Projec	ct Cost fo Inding Funds Re	r Fiscal Year 202	•	ling m	Amount	vailable for t	his proje	•			
7. Total Project  Type of Fu  Total State  Matching F  Federal	ct Cost fo Inding Funds Re-	r Fiscal Year 202	estion #6)	ling m	Amount	Percen	his projetage	•			
7. Total Project  Type of Fu  Total State  Matching F  Federal	ct Cost fo Inding Funds Re-	r Fiscal Year 202 quested (from que	estion #6)	ling m	Amount	Percen	his projectage	•			
7. Total Project  Type of Fu  Total State  Matching F  Federal  State (exclusive)	ct Cost fo Inding Funds Re-	r Fiscal Year 202 quested (from que	estion #6)	ling n	Amount	Percen 0	tage 100%	•			
7. Total Project  Type of Fu  Total State  Matching F  Federal  State (excluded)  Local  Other	ct Cost fo inding Funds Re Funds	r Fiscal Year 202 quested (from que	estion #6)	ling m	Amount	Percen 6 0 0 0 0	his projecting 100% 0% 0% 0%	•			
7. Total Project  Type of Fu Total State  Matching F Federal State (excluded Local Other  Total Project  8. Has this pr	ct Cost fo	r Fiscal Year 202 quested (from que	estion #6)  uest)  025-2026  state funding?		Amount 405,65	Percen 6 0 0 0 0	his projectage 100% 0% 0% 0% 0%	•			
7. Total Project Type of Fu Total State Matching F Federal State (excludate) Local Other Total Project 8. Has this project of the project of	ct Cost fo	quested (from que	estion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)		Amount 405,65  405,65  No Specific	Percen 6 0 0 0 0 0 Veto	his projection of the control of the	•			
7. Total Project  Type of Fu Total State  Matching F Federal State (excluding Local Other  Total Project  8. Has this project If yes, proven	ct Cost fo	quested (from que quested (from que amount of this requ for Fiscal Year 20 viously received s	estion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)	?	Amount 405,65	Percen 6 0 0 0 0 0 Veto	his projection of the control of the	•			
7. Total Project Type of Fu Total State Matching F Federal State (excludate) Local Other Total Project 8. Has this project of the project of	ct Cost fo	quested (from qu	estion #6)  uest)  025-2026  state funding face:	?	Amount 405,65  405,65  No Specific	Percen 6 0 0 0 0 0 Veto	his projection of the control of the	•			
7. Total Project Type of Fu Total State Matching F Federal State (excluded Local Other Total Project 8. Has this project If yes, proven	ct Cost fo	quested (from qu	estion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)	?	Amount 405,65  405,65  No Specific	Percen 6 0 0 0 0 0 Veto	his projection of the control of the	•			
7. Total Project  Type of Fu Total State  Matching F Federal State (excluding Local Other  Total Project  8. Has this project If yes, proven (yyyy-)  9. Is future-year	ct Cost founding Funds Refunds  uding the act Costs for oject previde the more representations.	quested (from qu	pestion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)	?	Amount 405,65  405,65  No Specific Appropriation #	Percen 6 0 0 0 0 0 Veto	his projection of the control of the	•			
7. Total Project  Type of Fu Total State  Matching F Federal State (excluded local Other  Total Project  8. Has this project If yes, proven (yyyy-1)  9. Is future-year. If yes, in	ct Cost founding Funds Rect Costs for coject previous the more representation of the control of	quested (from qu	estion #6)  Destion #6)	ng [	Amount 405,65  405,65  No Specific Appropriation #	Percen 6  0 0 0 0 0 Veto	his projection of the control of the	•			



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

10. Status of Cons	truction urrent phase of t	he project?				
Planning	Design	Construction	O N/A			
c. What is the e		i.e permitted)? te of construction? tion date of constru	ction?			
	•	sed for ongoing ope		maintenance	of the project?	
		o receive, directly or rs of the facility and		ny fixed capi	tal outlay fundir	ng. Include the

### 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	Staff to provide statewide oversight, training, consultation, fidelity adherence, and monitoring including benefits. (\$24,000 for personnel, \$15,000 data collection, \$5,000 training, \$4,000 travel, \$3,000 for supplies-assessments, curricula, materials), YCC admin costs for program leadership and oversight (\$35,000) - management oversight (\$10,000), Human Resources dept (\$15,000), finance (\$10,000)	86,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	SNAP Coordinator/Supervisor 1 FTE \$47,000; Facilitators (2 FTE @\$20/hour) = \$83,200; Case Manager/Facilitator 1 FTE @\$21/hour =\$43,680; 1 FTE Therapist \$60,000 = \$233,880 Fringe Benefits @ 20% = \$46,766	280,656
Expense/Equipment/Travel/Supplies/ Other	Program related services and materials which includes food for participants required by model (\$15,000 for meals for families), liability insurance \$12,000), Agency Supplies (i.e. curricula to print for each client, paper, office supplies, marketing materials, video cameras as required for program (\$12,000)	39,000
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)	405,656



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#### 13. Program Performance

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

SNAP® Heroes aims to provide high-risk youth and their families strategies to increase pro-social skills that will help the youth stay in school and out of trouble by making better choices throughout the 13-week program. SNAP® Heroes will assist service members and their families by helping to maintain a healthy family unit and lessen the risk of emotional and behavior challenges families face due to times of family disruption due to deployment/vicarious trauma.

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

Screening, Intake, Assessments; suicide and homicide Risk Assessment; 13 weeks of SNAP® groups with youth (6-11 years old) and service members/families (one group/week); hot meals to families before each group; Sibling care during groups to lessen the burden of attendance; Transportation to/from the group as needed; Mental health counseling and psychiatric care, as needed; Case management to include aftercare; Statewide training & facilitator oversight. Youth and their families participate in engaging activities such as group discussions, role-playing, interactive games and self-reflection to address topics including dealing with anger, learning how to cope and practice self-control, engaging in problem solving, and healing from trauma that the family is experiencing due to service or the impact of the service on the family during times of grief, emotional distress, or time away from home/transition.

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

13-week groups with youth (ages 6-11 yrs old) and their family, meals, sibling care, case management, mental health services, and aftercare. The program uses an interactive and scenario-based, evidenced-based platform that allows youth and families to safely engage with complex and challenging situations while developing and ensuring healthy family relationships are developed or re-established.

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

SNAP® Heroes will serve youth ages 6-11 years old and their families. Youth and families will be included from the following target population:

Low income, homeless, poor mental and physical health, grade school students, at-risk youth, physically disabled, victims of crime, members of the armed services and law enforcement to include veterans. SNAP® Heroes expects to serve between 100-200 individuals.

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

Clients will attend mental health services. Evidence will be from clients (youth and families) improving their Personal Well-being Index score and meeting goals on their treatment plan.

The youth/client will not be arrested or receive disciplinary action at school. Clients will comply with school and household rules, thus lessening risk of the client receiving disciplinary action or committing a crime. Clients will improve their overall Personal Well-being Index score, attend school on a regular basis per attendance reports, and master the program thus lessening risk for criminality and abuse.

\*Youth and family will improve/ develop a healthy family relationship that lessened/diminished due to the service member's time away from home or experiencing vicarious trauma. Family rules change during deployment thus reinstituting family norms upon return can challenge a family's cohesiveness & overall well-being. Trauma impact's a family due to the emotional state of the service member.

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?

This contract will be structured as a fee for service model so the agency will not receive payment if services are not delivered.

14. Is this project related to mitigation, response, or recovery from a natural disaster?	INO I	
14. IS LIIIS PROJECT LEIGIEU TO HIILIYALIOH, LESPONSE, OF LECOVERY MOIN A HALUFAI UISASIEF :	INU	1

- a. If Yes, what phase best describes the project?
- Mitigation (reducing or eliminating potential loss of life or property)



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☐ Response (ad	ddressing the immediate a	nd short-term	effects of a natural	disaster)	
☐ Recovery (as	sisting communities return	to normal ope	rations, including r	ebuilding damaged	l infastructure)
b. Name of the nat	tural disaster (or Executi	ve Order # fo	r events not unde	r a federal declara	ation):
15. Has the entity ap	plied for or received fede	eral assistanc	e for this project?	?	
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends	to apply				
a. If yes, provide t	he FEMA project worksh	eet ID#:			
b. Provide the tota	al project cost listed on tl	he FEMA proj	ect worksheet:		
16. Has the entity ap	plied for or received state	e assistance	for this project (o	ther than this requ	uest)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends	to apply				
a. If yes, specify the Commerce):	he program and state age	ency (ex. Loc	al Government Er	nergency Bridge I	₋oan, Department o
17. Requester Contac	ct Information				
a. First Name	Kim	Last Name	Sirdevan		
b. Organization	Youth Crisis Center				
c. E-mail Address	kim@ycc.org				
d. Phone Number	(904)446-4982	Ext.			
18. Recipient Contac	t Information				
a. Organization	Youth Crisis Center				
b. Municipality an					
c. Organization Ty	ype				



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□For Profit Entity	□For Profit Entity							
☑Non Profit 501(c	☑Non Profit 501(c)(3)							
□Non Profit 501(c	2)(4)							
□Local Entity	□Local Entity							
□University or Co	llege							
□Other (please sp	□Other (please specify)							
d. First Name	Kim	Last Name	Sirdevan					
e. E-mail Address	e. E-mail Address kim@ycc.org							
f. Phone Number	f. Phone Number (904)446-4982 Ext.							
19. Lobbyist Contact Information								
a. Name	a. Name Karis Beach Lockhart							
b. Firm Name	The Southern Group							
c. E-mail Address	lockhart@thesoutherngroup.com							
d. Phone Number	lumber (850)671-4401							

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