

1. Project Title

## The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

Florida Healthy Choices Sexual Risk Avoidance Program

**LFIR # 2946** 

2. Senate Sponsor	Keith Truenow						
3. Date of Request	3/4/2025						
4. Project/Program D	escription						
Healthy Relationshi facilities. The progra enhance cognitive a The SRA Program tobacco/nicotine). It future orientation ar	anizations will provide middle p, Marriage Prep classes to 6, am includes five to eight hours and social-emotional self-regula equips youth with risk avoidand enhances the achievement of ad the emotional, physical, mend and implementation strategies the	000 midd of positivation skill ce skills in positive a ntal. socia	Te and high school store youth developments, promoting healthy a five key areas (drug academic and life gotal, and financial well-le	udents in schools and frisk avoidance process and good doesnaled alcohol, sexual a last through instilling being that results from that results from that results from the suits from the	nd youth serving grams designed to lecision-making skills. ctivity, violence, and a sense of hope and om such hope. Students		
<del>-</del>			ent of Education				
State Agency cont	acted? No	•					
S Amount of the Non	recurring Request for Fiscal	l Year 20:	25-2026				
	Todan ing Roquot for Floods	1 1001 201					
Type of Funding			Amount				
Operating				475,000			
Fixed Capital Outlay			475,000				
Total State Funds	Requested			475,000			
7. Total Project Cost	for Fiscal Year 2025-2026 (in	cluding r	matching funds ava	ilable for this proje	ect)		
Type of Funding			Amount	Percentage			
Total State Funds F	Requested (from question #6)		475,000	98%			
Matching Funds							
Federal			0	0%			
State (excluding the	amount of this request)		0	0%			
Local	•		9,000	2%			
Other			0	0%			
Total Project Cost	s for Fiscal Year 2025-2026		484,000	100%			
	eviously received state fund	ling?	No				
If yes, provide the	most recent instance:						
Fiscal Year	Amount		Specific	Vetoed			
(уууу-уу)	Recurring Nonrec	urring	Appropriation #				

Yes

475,000

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.



10. Status of Construction

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All member organizations receive local funds from donors, grants, and county and school governments. It is not enough to serve all students who need the program. TANF dollars should be allocated to these prevention programs to comply with F.S. 445.019.

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

a. What is the co	urrent phase of t	he project?					
Planning	Design	Construction	∙ N/A				
b. Is the project	"shovel ready" (	(i.e permitted)?					
c. What is the es	stimated start da	te of construction?					
d. What is the estimated completion date of construction?							
e. What funding	stream will be u	sed for ongoing ope	rations a	nd maintenance o	of the project?		
<ol> <li>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.</li> </ol>							

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount				
Administrative Costs:						
Executive Director/Project Head Salary and Benefits	Project Head 10% of salary - \$8,000 + Benefits (10.5%) \$800 Benefits 7.65% for FICA; 2.35 for W.C FUTA, SUTA	8,800				
Other Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/ Other		0				
Consultants/Contracted Services/Study		0				
Operational Costs						
Salary and Benefits	Project Manager \$1,200 per month = \$14,400 Benefits 7.65% FICA; 2.35% W.C., FUTA, SUTA = \$1,140	15,540				
Expense/Equipment/Travel/Supplies/ Other	Mileage, Office Supplies, postage, Laptop, Curriculum trainings	26,760				
Consultants/Contracted Services/Study	Contractual payments to FHCC Member organizations to provide 5 to 8 hours of Sexual Risk Avoidance (SRA), healthy relationship and marriage prep education to 6,300 students at a per student enrollment cost of \$65 per student. \$409,500 bookkeeping services @ \$25 per hour x 20 hours per month x 12 months = \$6,000 Data analyst and evaluator @ \$35 per hour x 20 hours per month x 12 months = \$8,400	423,900				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering		0				



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Total State Funds Requested (must equal total from question #6)

475,000

#### 13. Program Performance

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

The overall goal is to reduce negative consequences such as trafficking, addiction, or teen pregnancy when youth become involved in high-risk activities and unhealthy relationships. Outcome # 1 – 75% of enrollees in the program will complete. (Attend 75% of the sessions.) Outcome # 2 – 75% of students taking both pre- and post-tests will demonstrate increased knowledge measuring knowledge gains in resisting peer pressure, potential consequences of risky behaviors, STD symptoms, social media safety, changes in the teen brain development that affects life-long habits and/or addictions, the relationship of single parenthood to poverty, and indicators of toxic relationships. Outcome # 3 – Post surveys will reflect attitudinal shifts regarding a positive view of their future, strategic goal setting, personal responsibility, setting boundaries, increased understanding of healthy versus toxic relationships, and the benefits of saving sexual activity and childbearing until marriage.

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

Our SRA programs are an effective youth development program emphasizing healthy choices and good decision-making skills. The key concepts addressed are: 1. Intentional Goal Setting – Key Thought: Future; 2. Choices and Consequences – Key Thought: Personal choices, Consequences, and Responsibility; 3. Your Brain Under Pressure – Key Thought: Who's in Charge? 4. Social Pressure/Healthy Boundaries – Key Thought: Respect for Self and Others and 5. Healthy Relationships: Key Thought - Self Worth and Commitment to a Healthy Future. The program is interactive and includes incentives and "swag" with prevention messaging to enhance retention of the concepts.

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

The program will be presented in 5 to 8 sessions to youth in middle and/or high schools, youth service organizations, alternative schools, in the catchment areas of FHCC member organizations. Students will receive 5 to 8 hours (classroom periods) of direct risk avoidance instruction from trained Sexual Risk Avoidance Specialists who are also certified in REAL Essentials Healthy Relationship Education curriculum.

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

6,000 youth in middle and high school age group, in schools and various youth organizations, including detention facilities.

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

Pre- and post-tests will measure knowledge gains regarding resisting peer pressure, potential consequences of risky behaviors, STD symptoms, social media safety, changes in the teen brain development that affects life-long habits and/or addictions, the relationship of single parenthood to poverty, and indicators of toxic relationships. In addition, post surveys will measure attitudinal shifts regarding a positive view of their future, strategic goal setting, personal responsibility, setting boundaries, increased understanding of healthy versus toxic relationships, and the benefits of saving sexual activity and childbearing until marriage. The evaluator/data analyst will produce an evaluation and expected value return on investment document that can be used by other agencies for replication purposes.

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?

	Reduction of the appropriated dollars for this project.		
14. Is	s 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)



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	olied for or received feder	ai assistance	for this project?		
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends	o apply				
a. If yes, provide th	ne FEMA project workshee	et ID#:			
b. Provide the tota	project cost listed on the	e FEMA proje	ect worksheet:		
16. Has the entity app	olied for or received state	assistance fo	or this project (other tl	han this request)?	
☐ Yes, Applied					
☐ Yes, Received					
□ No					
<ul><li>□ No</li><li>□ No, but intends</li></ul>	o apply				
☐ No, but intends	o apply e program and state ager	ncy (ex. Loca	I Government Emerge	ncy Bridge Loan, [	Department of
☐ No, but intends a. If yes, specify the		ncy (ex. Loca	l Government Emerge	ncy Bridge Loan, [	Department of
☐ No, but intends a. If yes, specify the	e program and state ager	ncy (ex. Loca	I Government Emerge	ncy Bridge Loan, [	Department of
□ No, but intends a. If yes, specify the Commerce):	e program and state ager	ncy (ex. Loca		ncy Bridge Loan, [	Department of
□ No, but intends a. If yes, specify the Commerce):  7. Requester Contact	e program and state ager	Last Name		ency Bridge Loan, D	Department of
□ No, but intends to a. If yes, specify the Commerce):  7. Requester Contact a. First Name	e program and state ager  t Information  Darla  Florida Healthy Choices C	Last Name		ency Bridge Loan, D	Department of
□ No, but intends a. If yes, specify the Commerce):  7. Requester Contact a. First Name b. Organization	e program and state ager  t Information  Darla  Florida Healthy Choices C  darla@E3familysolutions.	Last Name		ency Bridge Loan, D	Department of
<ul> <li>□ No, but intends to a. If yes, specify the Commerce):</li> <li>7. Requester Contact a. First Name</li> <li>b. Organization</li> <li>c. E-mail Address</li> </ul>	e program and state ager  t Information  Darla  Florida Healthy Choices C  darla@E3familysolutions.  (352)303-3885	Last Name		ency Bridge Loan, I	Department of
□ No, but intends a. If yes, specify the Commerce):  7. Requester Contact a. First Name b. Organization c. E-mail Address d. Phone Number	e program and state ager  t Information  Darla  Florida Healthy Choices C  darla@E3familysolutions.  (352)303-3885	Last Name Coalition, Inc.		ency Bridge Loan, [	Department o



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☑Non Profit 501(c	☑Non Profit 501(c)(3)							
□Non Profit 501(c	□Non Profit 501(c)(4)							
□Local Entity	□Local Entity							
□University or Co	□University or College							
□Other (please sp	□Other (please specify)							
d. First Name	Angie	Last Name	Kagey					
e. E-mail Address	nail Address akagey@whatisimpact.com							
f. Phone Number	(813)956-3842	Ext.						
19. Lobbyist Contact Information								
a. Name	Shawn Foster							
b. Firm Name	Sunrise Consulting Group							
c. E-mail Address	foster@scgroup.us							
d. Phone Number	(727)808-4131							

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