

LFIR #3203

1. Project Title	Caregiving Youth Project	
2. Senate Sponsor	Lori Berman	
3. Date of Request	2/19/2025	
4. Project/Program D	escription	
is chronically ill, inju through CYP's wrap with their education	red, elderly, and/or disabled. paround services in and out of	hiddle and high school students who provide care for a family member where students, known as Caregiving Youth, receive tailored support for school and at home to help them balance their caregiving responsibilities as resulted in them achieving personal and academic success with a 10-%.
5. State Agency to re	ceive requested funds	Department of Education
State Agency conta	acted? No	
	acted? No recurring Request for Fisca	al Year 2025-2026
		al Year 2025-2026 Amount
6. Amount of the Non		
5. Amount of the Non Type of Funding	recurring Request for Fisca	Amount

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	17%
Matching Funds		
Federal	260,101	17%
State (excluding the amount of this request)	65,000	4%
Local	739,865	50%
Other	176,940	12%
Total Project Costs for Fiscal Year 2025-2026	1,491,906	100%

8. Has this project previously received state funding? If yes, provide the most recent instance:

Yes

Fiscal Year	Amo	Amount		Vetoed	
(уууу-уу) Recurring Nonrecurring		Appropriation #			
2023-24	0	318,600	100	No	

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

a. If yes, indicate nonrecurring amount per year.

65,000

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

The Caregiving Youth Project receives funding through grants, donations and fundraising.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status	s of Constru	uction					
a. Wha	at is the cur	rent phase of the	ne project?				
O P	lanning	O Design	Construction	O N/A			
b. Is th	ne project "	shovel ready" (i.e permitted)?				
c. Wha	at is the est	imated start da	te of construction?				
d. Wha	at is the est	imated complet	tion date of constru	ction?			
e. Wha	at funding s	stream will be u	sed for ongoing ope	rations a	and maintenance of	the project?	
			receive, directly or s of the facility and			outlay funding. I	nclude 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	Caregiving Youth Project Director President	10,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		·
Salary and Benefits	Family Specialists Activities Manager Volunteer Manager Development Director Care Manager Community Educator	130,000
Expense/Equipment/Travel/Supplies/ Other	Respite Care/House Cleaning Services Fun and educational activities throughout the year. Tutoring Staff travel Student travel to activities IT Support, office expenses (copier, supplies etc.) and rent	100,000
Consultants/Contracted Services/Study	Grant Writer Communication Consultant Auditor	10,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	250,000

13. Program Performance

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



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Identify and assist Caregiving Youth who meet our top 3 of 5 Level of Responsibility requirement by providing tools and resources to help them feel valued and equipped as they work to balance school, caregiving, and life effectively. Expand prioritized services to both in and out of school and at home to 3 additional Title 1 schools - respite care, tutoring, Skills Building Workshops, and activities that promote learning and reduce stress—along with many other resources to decrease stress.

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

The Caregiving Youth Project provides Caregiving Youth with prioritized services in and out of school and at home to reduce stress and enhance their academic and personal development.

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

In School: Skills Building Workshops, one on one counseling, and Lunch and Learn sessions.

At Home: Needs assessments by in-house social workers to address respite care, tutoring, home care needs and other enriching experiences.

Out of School: Camps, picnics, celebrations, educational activities and more.

Community Collaborations: medical equipment, food, school supplies and more.

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

The target population for the Caregiving Youth Project (CYP) includes middle and high school students whose academic and personal lives may be impacted by providing care for family member who are chronically ill, injured, elderly, and/or disabled. Our students meet the 3 out of 5 criteria on the Level of Responsibility (LOR) scale, a weighted index based on the number of caregiving hours per week and the types of tasks they perform. Our focus is on Title 1 schools. Currently, the program services 614 Caregiving Youth in 45 middle and high schools, with a rolling enrollment as new students join and others exit upon graduation, no longer caregiving, move, etc. We anticipate serving a similar number of students annually, ensuring continuous support for this vital population.

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

Improved mental health

- >80% will indicate that their mental health has improved
- measured through our End of Year qualitative and quantitative surveys

Improve quality of education

- >90% will graduate from high school
- >90% will progress to the next grade level
- measured by The School Board of Palm Beach County reporting students graduation, grades, progression etc.

Enhance specific individual's economic self sufficience

- >90% have academic accomplishments and education result in more taxable income.
- measured by The School Board of Palm Beach County reporting students graduation, grades, progression etc.
- 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?

Return the funds
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	Re	eturn the funds						
4.	Is this project related to mitigation, response, or recovery from a natural disaster? No							
а	. 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 infastructure)						



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15. Has the entity app	olied for or received fed	leral assistanc	e for this project?	
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends t	o apply			
a. If yes, provide th	ne FEMA project worksl	heet ID#:		
b. Provide the total	project cost listed on t	the FEMA proj	ect worksheet:	
6. Has the entity app	olied for or received sta	te assistance	for this project (other than this r	equest)?
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends t	o apply			
a. If yes, specify th	e program and state ag	gency (ex. Loca	al Government Emergency Brid	ge Loan, Departm
Commerce):				
7. Requester Contac	t Information			
a. First Name	Connie	Last Name	Siskowski	
b. Organization	American Association of	of Caregiving Yo	outh, Inc.	
c. E-mail Address	connie@aacy.org			
d. Phone Number	(561)391-7401	Ext.		
8. Recipient Contact				
a. Organization	American Association of Inc.	of Caregiving Yo	outh,	
b. Municipality and	d County Palm Beach			
c. Organization Ty	pe			
□For Profit Entity				
☑Non Profit 501(d	c)(3)			



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□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity	□Local Entity					
□University or Co	□University or College					
□Other (please sp	pecify)					
d. First Name	d. First Name Connie Last Name Siskowski					
e. E-mail Address	connie@aacy.org					
f. Phone Number	(561)391-7401	(561)391-7401 Ext.				
19. Lobbyist Contact I	nformation					
a. Name	a. Name Rita M. Solnet					
b. Firm Name	Rita Solnet					
c. E-mail Address	rmsolnet@gmail.com					
d. Phone Number	(561)289-7333	(561)289-7333				

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